

AMENDMENT NO. _____ Calendar No. _____

Purpose: To provide a complete substitute.

IN THE SENATE OF THE UNITED STATES—108th Cong., 2d Sess.

S. 556

To amend the Indian Health Care Improvement Act to revise
and extend that Act.

Referred to the Committee on _____
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended
to be proposed by _____

Viz:

1 Strike all after the enacting clause and insert the fol-
2 lowing:

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Indian Health Care
5 Improvement Act Amendments of 2004”.

6 **SEC. 2. INDIAN HEALTH CARE IMPROVEMENT ACT AMEND-**
7 **ED.**

8 (a) IN GENERAL.—The Indian Health Care Improve-
9 ment Act (25 U.S.C. 1601 et seq.) is amended to read
10 as follows:

1 **“SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 “(a) SHORT TITLE.—This Act may be cited as the
3 ‘Indian Health Care Improvement Act’.

4 “(b) TABLE OF CONTENTS.—The table of contents
5 for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Indian Health Care Improvement Act amended.

“Sec. 1. Short title; table of contents.

“Sec. 2. Findings.

“Sec. 3. Declaration of National Indian health policy.

“Sec. 4. Definitions.

“TITLE I—INDIAN HEALTH, HUMAN RESOURCES, AND
DEVELOPMENT

“Sec. 101. Purpose.

“Sec. 102. Health Professions Recruitment Program for Indians.

“Sec. 103. Health Professions Preparatory Scholarship Program for Indians.

“Sec. 104. Indian health professions scholarships.

“Sec. 105. American Indians into psychology program.

“Sec. 106. Funding for tribes for scholarship programs.

“Sec. 107. Indian Health Service extern programs.

“Sec. 108. Continuing education allowances.

“Sec. 109. Community Health Representative Program.

“Sec. 110. Indian Health Service Loan Repayment Program.

“Sec. 111. Scholarship and loan repayment recovery fund.

“Sec. 112. Recruitment activities.

“Sec. 113. Indian recruitment and retention program.

“Sec. 114. Advanced training and research.

“Sec. 115. Quentin N. Burdick American Indians into nursing program.

“Sec. 116. Tribal cultural orientation.

“Sec. 117. Inmed program.

“Sec. 118. Health training programs of community colleges.

“Sec. 119. Retention bonus.

“Sec. 120. Nursing residency program.

“Sec. 121. Community Health Aide Program for Alaska.

“Sec. 122. Tribal health program administration.

“Sec. 123. Health professional chronic shortage demonstration programs.

“Sec. 124. Treatment of scholarships for certain purposes.

“Sec. 125. National Health Service Corps.

“Sec. 126. Substance abuse counselor educational curricula demonstration programs.

“Sec. 128. Authorization of appropriations.

“TITLE II—HEALTH SERVICES

“Sec. 201. Indian Health Care Improvement Fund.

“Sec. 202. Catastrophic Health Emergency Fund.

“Sec. 203. Health promotion and disease prevention services.

3

- “Sec. 204. Diabetes prevention, treatment, and control.
- “Sec. 205. Shared services for long-term care.
- “Sec. 206. Health services research.
- “Sec. 207. Mammography and other cancer screening.
- “Sec. 208. Patient travel costs.
- “Sec. 209. Epidemiology centers.
- “Sec. 210. Comprehensive health education programs.
- “Sec. 211. Indian Youth Program.
- “Sec. 212. Prevention, control, and elimination of communicable and infectious diseases.
- “Sec. 213. Authority for provision of other services.
- “Sec. 214. Indian women’s health care.
- “Sec. 215. Environmental and nuclear health hazards.
- “Sec. 216. Arizona as a contract health service delivery area.
- “Sec. 216A. North Dakota as a contract health service delivery area.
- “Sec. 216B. South Dakota as a contract health service delivery area.
- “Sec. 217. California contract health services program.
- “Sec. 218. California as a contract health service delivery area.
- “Sec. 219. Contract health services for the Trenton Service Area.
- “Sec. 220. Programs operated by Indian Tribes and Tribal Organizations.
- “Sec. 221. Licensing or certification.
- “Sec. 222. Notification of provision of emergency contract health services.
- “Sec. 223. Prompt action on payment of claims.
- “Sec. 224. Liability for payment.
- “Sec. 225. Authorization of appropriations.

“TITLE III—FACILITIES

- “Sec. 301. Consultation: construction and renovation of facilities; reports.
- “Sec. 302. Sanitation facilities.
- “Sec. 303. Preference to Indians and Indian firms.
- “Sec. 304. Expenditure of nonservice funds for renovation.
- “Sec. 305. Funding for the construction, expansion, and modernization of small ambulatory care facilities.
- “Sec. 306. Indian Health Care Delivery Demonstration Project.
- “Sec. 307. Land transfer.
- “Sec. 308. Leases, contracts, and other agreements.
- “Sec. 309. Study on loans, loan guarantees, and loan repayment.
- “Sec. 310. Tribal leasing.
- “Sec. 311. Indian Health Service/tribal facilities joint venture program.
- “Sec. 312. Location of facilities.
- “Sec. 313. Maintenance and improvement of health care facilities.
- “Sec. 314. Tribal management of federally owned quarters.
- “Sec. 315. Applicability of Buy American Act requirement.
- “Sec. 316. Other funding for facilities.
- “Sec. 317. Authorization of appropriations.

“TITLE IV—ACCESS TO HEALTH SERVICES

- “Sec. 401. Treatment of payments under Social Security Act health care programs.
- “Sec. 402. Grants to and funding agreements with the Service, Indian Tribes, Tribal Organizations, and Urban Indian organizations.
- “Sec. 403. Reimbursement from certain third parties of costs of health services.

4

- “Sec. 404. Crediting of reimbursements.
- “Sec. 405. Purchasing health care coverage.
- “Sec. 406. Sharing arrangements with Federal agencies.
- “Sec. 407. Payor of last resort.
- “Sec. 408. Nondiscrimination in qualifications for reimbursement for services.
- “Sec. 409. Consultation.
- “Sec. 410. State children’s health insurance program (SCHIP).
- “Sec. 411. Social Security Act sanctions.
- “Sec. 412. Cost sharing.
- “Sec. 413. Treatment under medicaid managed care.
- “Sec. 414. Navajo nation medicaid agency feasibility study.
- “Sec. 415. Authorization of appropriations.

“TITLE V—HEALTH SERVICES FOR URBAN INDIANS

- “Sec. 501. Purpose.
- “Sec. 502. Contracts with, and grants to, Urban Indian Organizations.
- “Sec. 503. Contracts and grants for the provision of health care and referral services.
- “Sec. 504. Contracts and grants for the determination of unmet health care needs.
- “Sec. 505. Evaluations; renewals.
- “Sec. 506. Other contract and grant requirements.
- “Sec. 507. Reports and records.
- “Sec. 508. Limitation on contract authority.
- “Sec. 509. Facilities.
- “Sec. 510. Office of Urban Indian Health.
- “Sec. 511. Grants for alcohol and substance abuse-related services.
- “Sec. 512. Treatment of certain demonstration projects.
- “Sec. 513. Urban NIAAA transferred programs.
- “Sec. 514. Consultation with Urban Indian Organizations.
- “Sec. 515. Federal Tort Claims Act coverage.
- “Sec. 516. Urban youth treatment center demonstration.
- “Sec. 517. Use of Federal property and supplies.
- “Sec. 518. Grants for diabetes prevention, treatment, and control.
- “Sec. 519. Community health representatives.
- “Sec. 520. Regulations.
- “Sec. 521. Eligibility for services.
- “Sec. 522. Authorization of appropriations.

“TITLE VI—ORGANIZATIONAL IMPROVEMENTS

- “Sec. 601. Establishment of the Indian Health Service as an agency of the Public Health Service.
- “Sec. 602. Automated management information system.
- “Sec. 603. Authorization of appropriations.

“TITLE VII—BEHAVIORAL HEALTH PROGRAMS

- “Sec. 701. Behavioral health prevention and treatment services.
- “Sec. 702. Memoranda of agreement with the Department of the Interior.
- “Sec. 703. Comprehensive behavioral health prevention and treatment program.
- “Sec. 704. Mental health technician program.
- “Sec. 705. Licensing requirement for mental health care workers.

- “Sec. 706. Indian women treatment programs.
- “Sec. 707. Indian Youth Program.
- “Sec. 708. Inpatient and community-based mental health facilities design, construction, and staffing.
- “Sec. 709. Training and community education.
- “Sec. 710. Behavioral health program.
- “Sec. 711. Fetal alcohol disorder funding.
- “Sec. 712. Child sexual abuse and prevention treatment programs.
- “Sec. 713. Behavioral health research.
- “Sec. 714. Definitions.
- “Sec. 715. Authorization of appropriations.

“TITLE VIII—MISCELLANEOUS

- “Sec. 801. Reports.
 - “Sec. 802. Regulations.
 - “Sec. 803. Plan of implementation.
 - “Sec. 804. Availability of funds.
 - “Sec. 805. Limitation on use of funds appropriated to the Indian Health Service.
 - “Sec. 806. Eligibility of California Indians.
 - “Sec. 807. Health services for ineligible persons.
 - “Sec. 808. Reallocation of base resources.
 - “Sec. 809. Results of demonstration projects.
 - “Sec. 810. Provision of services in Montana.
 - “Sec. 811. Moratorium.
 - “Sec. 812. Tribal employment.
 - “Sec. 813. Prime vendor.
 - “Sec. 814. Severability provisions.
 - “Sec. 815. Establishment of National Bipartisan Commission on Indian Health Care Entitlement.
 - “Sec. 816. Appropriations; availability.
 - “Sec. 817. Confidentiality of medical quality assurance records: qualified immunity for participants.
 - “Sec. 818. Authorization of appropriations.
- Sec. 3. Soboba sanitation facilities.
- Sec. 4. Amendments to the medicaid and State children’s health insurance programs.

1 **“SEC. 2. FINDINGS.**

2 “Congress finds the following:

3 “(1) Federal delivery of health services and

4 funding of Indian and Urban Indian Health Pro-

5 grams to maintain and improve the health of Indi-

6 ans are consonant with and required by the Federal

7 Government’s historical and unique legal relation-

8 ship with Indians, as reflected in the Constitution,

1 treaties, Federal statutes and the course of dealings
2 of the United States with Indian Tribes and the
3 United States' resulting government-to-government
4 relationship with Indian Tribes and trust respon-
5 sibilities and obligations to Indians.

6 “(2) From the time of European occupation
7 and colonization through the 20th century, policies
8 and practices of the United States caused and/or
9 contributed to the severe health conditions of Indi-
10 ans.

11 “(3) Through the cession of over 400,000,000
12 acres of land to the United States in exchange for
13 promises, often reflected in treaties, of health care,
14 Indian Tribes have secured a de facto contract which
15 entitles Indians to health care in perpetuity, based
16 on the moral, legal, and historic obligation of the
17 United States.

18 “(4) The population growth of Indians that
19 began in the later part of the 20th century increases
20 the need for Federal health care services.

21 “(5) A major national goal of the United States
22 is to provide the quantity and quality of health serv-
23 ices which will permit the health status of Indians
24 regardless of where they live to be raised to the
25 highest possible level that is no less than that of the

1 general population and to provide for the maximum
2 participation of Indian Tribes, Tribal Organizations,
3 and Urban Indian Organizations in the planning, de-
4 livery and management of those health services.

5 “(6) Federal health services to Indians have re-
6 sulted in a reduction in the prevalence and incidence
7 of illnesses among, and unnecessary and premature
8 deaths of, Indians.

9 “(7) Despite such services, the unmet health
10 needs of Indians remain alarmingly severe and the
11 health status of Indians is far below the health sta-
12 tus of the general population of the United States.

13 “(8) The disparity to be addressed is formi-
14 dable. For example, Indians suffer a death rate for
15 diabetes mellitus that is 318 percent higher than the
16 all races rate for the United States, a pneumonia
17 and influenza death rate 52 percent greater, a tuber-
18 culosis death rate that is 650 percent greater, and
19 a death rate from alcoholism that is 670 percent
20 higher than that of the all races United States rate.

21 **“SEC. 3. DECLARATION OF NATIONAL INDIAN HEALTH POL-**
22 **ICY.**

23 “Congress hereby declares that it is the policy of this
24 Nation, in fulfillment of its special trust responsibilities
25 and legal obligations to Indians—

1 “(1) to assure the highest possible health status
2 for Indians and to provide all resources necessary to
3 effect that policy;

4 “(2) to raise the health status of Indians by the
5 year 2010 to at least the levels set forth in the goals
6 contained within the Healthy People 2010 or suc-
7 cessor objectives;

8 “(3) to the greatest extent possible, to allow In-
9 dians to set their own health care priorities and es-
10 tablish goals that reflect their unmet needs;

11 “(4) to increase the proportion of all degrees in
12 the health professions and allied and associated
13 health professions awarded to Indians so that the
14 proportion of Indian health professionals in each
15 Service Area is raised to at least the level of that of
16 the general population;

17 “(5) to require meaningful consultation with In-
18 dian Tribes, Tribal Organizations, and Urban Indian
19 Organizations to implement this Act and the na-
20 tional policy of Indian self-determination; and

21 “(6) to provide funding for programs and facili-
22 ties operated by Indian Tribes and Tribal Organiza-
23 tions in amounts that are not less than the amounts
24 provided to programs and facilities operated directly
25 by the Service.

1 **“SEC. 4. DEFINITIONS.**

2 “For purposes of this Act:

3 “(1) The term ‘accredited and accessible’ means
4 on or near a reservation and accredited by a na-
5 tional or regional organization with accrediting au-
6 thority.

7 “(2) The term ‘Area Office’ means an adminis-
8 trative entity including a program office, within the
9 Service through which services and funds are pro-
10 vided to the Service Units within a defined geo-
11 graphic area.

12 “(3) The term ‘Assistant Secretary’ means the
13 Assistant Secretary of Indian Health.

14 “(4) The term ‘behavioral health’ means the
15 blending of substance (alcohol, drugs, inhalants, and
16 tobacco) abuse and mental illness prevention and
17 treatment, for the purpose of providing comprehen-
18 sive services. This definition can include the joint de-
19 velopment of substance abuse and mental illness
20 treatment planning and coordinated case manage-
21 ment using a multidisciplinary approach.

22 “(5) The term ‘California Indians’ shall mean
23 those Indians who are eligible for health services of
24 the Service pursuant to section 806.

25 “(6) The term ‘community college’ means—

26 “(A) a tribal college or university, or

1 “(B) a junior or community college.

2 “(7) The term ‘contract health service’ means
3 health services provided at the expense of the Serv-
4 ice or a Tribal Health Program by public or private
5 medical providers or hospitals, other than the Serv-
6 ice Unit or the Tribal Health Program at whose ex-
7 pense the services are provided.

8 “(8) The term ‘Department’ means, unless oth-
9 erwise designated, the Department of Health and
10 Human Services.

11 “(9) The term ‘disease prevention’ means the
12 reduction, limitation, and prevention of disease and
13 its complications and reduction in the consequences
14 of disease, including—

15 “(A) controlling—

16 “(i) development of diabetes;

17 “(ii) high blood pressure;

18 “(iii) infectious agents;

19 “(iv) injuries;

20 “(v) occupational hazards and disabil-
21 ities;

22 “(vi) sexually transmittable diseases;

23 and

24 “(vii) toxic agents; and

25 “(B) providing—

1 “(i) fluoridation of water; and

2 “(ii) immunizations.

3 “(10) The term ‘fund’ or ‘funding’ means the
4 transfer of moneys from the Department to any eli-
5 gible entity or individual under this Act by any legal
6 means, including Funding Agreements, contracts,
7 grants, memoranda of understanding, contracts pur-
8 suant to section 23 of the Act of April 20, 1908 (25
9 U.S.C. 47; commonly known as the ‘Buy Indian
10 Act’), or otherwise. Any program administered as a
11 grant program one day before the date of enactment
12 may continue to be administered as a grant pro-
13 gram. This definition does not otherwise modify
14 grant programs, except that upon request of the In-
15 dian Tribes or Tribal Organizations, discretionary
16 grants and all categories of awarded nonrecurring
17 funding shall be included in the Funding Agreement.
18 Discretionary grant funds shall be governed by all
19 the particular terms and conditions attached to such
20 funds, unless waived by the Secretary. All particular
21 terms and conditions attached to the discretionary
22 grant funds must be shown in the Funding Agree-
23 ment. The use of such grant funds shall be governed
24 by the terms and conditions set forth in the Funding
25 Agreement and not the substantive provisions of the

1 Indian Self-Determination and Education Assistance
2 Act (25 U.S.C. 450 et seq.).

3 “(11) The term ‘Funding Agreement’ means
4 any agreement to transfer funds for the planning,
5 conduct, and administration of programs, services,
6 functions, and activities to Indian Tribes and Tribal
7 Organizations from the Secretary under the Indian
8 Self-Determination and Education Assistance Act
9 (25 U.S.C. 450 et seq.).

10 “(12) The term ‘health profession’ means
11 allopathic medicine, family medicine, internal medi-
12 cine, pediatrics, geriatric medicine, obstetrics and
13 gynecology, podiatric medicine, nursing, public
14 health nursing, advanced practice nursing, dentistry,
15 psychiatry, osteopathy, optometry, pharmacy, psy-
16 chology, public health, social work, marriage and
17 family therapy, chiropractic medicine, environmental
18 health and engineering, allied health professions,
19 and any other health profession.

20 “(13) The term ‘health promotion’ means—

21 “(A) fostering social, economic, environ-
22 mental, and personal factors conducive to
23 health, including raising public awareness about
24 health matters and enabling the people to cope

1 with health problems by increasing their knowl-
2 edge and providing them with valid information;

3 “(B) encouraging adequate and appro-
4 priate diet, exercise, and sleep;

5 “(C) promoting education and work in con-
6 formity with physical and mental capacity;

7 “(D) making available suitable housing,
8 safe water, and sanitary facilities;

9 “(E) improving the physical, economic, cul-
10 tural, psychological, and social environment;

11 “(F) promoting adequate opportunity for
12 spiritual, religious, and Traditional Health Care
13 Practices; and

14 “(G) providing adequate and appropriate
15 programs, including, but not limited to—

16 “(i) abuse prevention (mental and
17 physical);

18 “(ii) community health;

19 “(iii) community safety;

20 “(iv) consumer health education;

21 “(v) diet and nutrition;

22 “(vi) immunization and other preven-
23 tion of communicable diseases, including
24 HIV/AIDS;

25 “(vii) environmental health;

- 1 “(viii) exercise and physical fitness;
2 “(ix) avoidance of fetal alcohol dis-
3 orders;
4 “(x) first aid and CPR education;
5 “(xi) human growth and development;
6 “(xii) injury prevention and personal
7 safety;
8 “(xiii) behavioral health;
9 “(xiv) monitoring of disease indicators
10 between health care provider visits,
11 through appropriate means, including
12 Internet-based health care management
13 systems;
14 “(xv) personal health and wellness
15 practices;
16 “(xvi) personal capacity building;
17 “(xvii) prenatal, pregnancy, and in-
18 fant care;
19 “(xviii) psychological well-being;
20 “(xix) reproductive health and family
21 planning;
22 “(xx) safe and adequate water;
23 “(xxi) safe housing relative to elimi-
24 nating, reducing, or preventing contami-

1 nants which create unhealthy housing con-
2 ditions;

3 “(xxii) safe work environments;

4 “(xxiii) stress control;

5 “(xxiv) substance abuse;

6 “(xxv) sanitary facilities;

7 “(xxvi) sudden infant death syndrome
8 prevention;

9 “(xxvii) tobacco use cessation and re-
10 duction;

11 “(xxviii) violence prevention; and

12 “(xxix) such other activities identified
13 by the Service, a Tribal Health Program,
14 or an Urban Indian Organization, to pro-
15 mote achievement of any of the objectives
16 described in section 3(2).

17 “(14) The term ‘Indian’ has the meaning given
18 the term in the Indian Self-Determination and Edu-
19 cation Assistance Act (25 U.S.C. 450 et seq.).

20 “(15) The term ‘Indian Health Program’
21 means—

22 “(A) any health program administered di-
23 rectly by the Service;

24 “(B) any Tribal Health Program; or

1 “(C) any Indian Tribe or Tribal Organiza-
2 tion to which the Secretary provides funding
3 pursuant to section 23 of the Act of April 30,
4 1908 (25 U.S.C. 47), commonly known as the
5 ‘Buy Indian Act’.

6 “(16) The term ‘Indian Tribe’ has the meaning
7 given the term in the Indian Self-Determination and
8 Education Assistance Act (25 U.S.C. 450 et seq.).

9 “(17) The term ‘junior or community college’
10 has the meaning given the term by section 312(e) of
11 the Higher Education Act of 1965 (20 U.S.C.
12 1058(e)).

13 “(18) The term ‘reservation’ means any feder-
14 ally recognized Indian Tribe’s reservation, Pueblo, or
15 colony, including former reservations in Oklahoma,
16 Indian allotments, and Alaska Native Regions estab-
17 lished pursuant to the Alaska Native Claims Settle-
18 ment Act (25 U.S.C. 1601 et seq.).

19 “(19) The term ‘Secretary’, unless otherwise
20 designated, means the Secretary of Health and
21 Human Services.

22 “(20) The term ‘Service’ means the Indian
23 Health Service.

24 “(21) The term ‘Service Area’ means the geo-
25 graphical area served by each Area Office.

1 “(22) The term ‘Service Unit’ means an admin-
2 istrative entity of the Service, or a Tribal Health
3 Program through which services are provided, di-
4 rectly or by contract, to eligible Indians within a de-
5 fined geographic area.

6 “(23) The term ‘telehealth’ has the meaning
7 given the term in section 330K(a) of the Public
8 Health Service Act (42 U.S.C. 254c–16(a)).

9 “(24) The term ‘telemedicine’ means a tele-
10 communications link to an end user through the use
11 of eligible equipment that electronically links health
12 professionals or patients and health professionals at
13 separate sites in order to exchange health care infor-
14 mation in audio, video, graphic, or other format for
15 the purpose of providing improved health care serv-
16 ices.

17 “(25) The term ‘Traditional Health Care Prac-
18 tices’ means the application by Native healing prac-
19 titioners of the Native healing sciences (as opposed
20 or in contradistinction to Western healing sciences)
21 which embody the influences or forces of innate
22 Tribal discovery, history, description, explanation
23 and knowledge of the states of wellness and illness
24 and which call upon these influences or forces, in-
25 cluding physical, mental, and spiritual forces in the

1 promotion, restoration, preservation, and mainte-
2 nance of health, well-being, and life's harmony.

3 “(26) The term ‘tribal college or university’ has
4 the meaning given the term in section 316(b)(3) of
5 the Higher Education Act (20 U.S.C. 1059c(b)(3)).

6 “(27) The term ‘Tribal Health Program’ means
7 an Indian Tribe or Tribal Organization that oper-
8 ates any health program, service, function, activity,
9 or facility funded, in whole or part, by the Service
10 through, or provided for in, a Funding Agreement
11 with the Service under the Indian Self-Determina-
12 tion and Education Assistance Act (25 U.S.C. 450
13 et seq.).

14 “(28) The term ‘Tribal Organization’ has the
15 meaning given the term in the Indian Self-Deter-
16 mination and Education Assistance Act (25 U.S.C.
17 450 et seq.).

18 “(29) The term ‘Urban Center’ means any com-
19 munity which has a sufficient Urban Indian popu-
20 lation with unmet health needs to warrant assistance
21 under title V of this Act, as determined by the Sec-
22 retary.

23 “(30) The term ‘Urban Indian’ means any indi-
24 vidual who resides in an Urban Center and who
25 meets 1 or more of the following criteria:

1 “(A) Irrespective of whether the individual
2 lives on or near a reservation, the individual is
3 a member of a tribe, band, or other organized
4 group of Indians, including those tribes, bands,
5 or groups terminated since 1940 and those
6 tribes, bands, or groups that are recognized by
7 the States in which they reside, or who is a de-
8 scendant in the first or second degree of any
9 such member.

10 “(B) The individual is an Eskimo, Aleut,
11 or other Alaskan Native.

12 “(C) The individual is considered by the
13 Secretary of the Interior to be an Indian for
14 any purpose.

15 “(D) The individual is determined to be an
16 Indian under regulations promulgated by the
17 Secretary.

18 “(31) The term ‘Urban Indian Organization’
19 means a nonprofit corporate body that (A) is situ-
20 ated in an Urban Center; (B) is governed by an
21 Urban Indian-controlled board of directors; (C) pro-
22 vides for the participation of all interested Indian
23 groups and individuals; and (D) is capable of legally
24 cooperating with other public and private entities for

1 the purpose of performing the activities described in
2 section 503(a).

3 **“TITLE I—INDIAN HEALTH,**
4 **HUMAN RESOURCES, AND DE-**
5 **VELOPMENT**

6 **“SEC. 101. PURPOSE.**

7 “The purpose of this title is to increase, to the max-
8 imum extent feasible, the number of Indians entering the
9 health professions and providing health services, and to
10 assure an optimum supply of health professionals to the
11 Indian Health Programs and Urban Indian Organizations
12 involved in the provision of health services to Indians.

13 **“SEC. 102. HEALTH PROFESSIONS RECRUITMENT PROGRAM**
14 **FOR INDIANS.**

15 “(a) IN GENERAL.—The Secretary, acting through
16 the Service, shall make funds available to public or non-
17 profit private health or educational entities, Tribal Health
18 Programs, or Urban Indian Organizations to assist such
19 entities in meeting the costs of—

20 “(1) identifying Indians with a potential for
21 education or training in the health professions and
22 encouraging and assisting them—

23 “(A) to enroll in courses of study in such
24 health professions; or

1 “(B) if they are not qualified to enroll in
2 any such courses of study, to undertake such
3 postsecondary education or training as may be
4 required to qualify them for enrollment;

5 “(2) publicizing existing sources of financial aid
6 available to Indians enrolled in any course of study
7 referred to in paragraph (1) or who are undertaking
8 training necessary to qualify them to enroll in any
9 such course of study; or

10 “(3) establishing other programs which the Sec-
11 retary determines will enhance and facilitate the en-
12 rollment of Indians in, and the subsequent pursuit
13 and completion by them of, courses of study referred
14 to in paragraph (1).

15 “(b) FUNDING.—

16 “(1) APPLICATION.—Funds under this section
17 shall require that an application has been submitted
18 to, and approved by, the Secretary. Such application
19 shall be in such form, submitted in such manner,
20 and contain such information, as the Secretary shall
21 by regulation prescribe pursuant to this Act. The
22 Secretary shall give a preference to applications sub-
23 mitted by Tribal Health Programs or Urban Indian
24 Organizations.

1 “(2) AMOUNT OF FUNDS; PAYMENT.—The
2 amount of funds provided to entities under this sec-
3 tion shall be determined by the Secretary. Payments
4 pursuant to this section may be made in advance or
5 by way of reimbursement, and at such intervals and
6 on such conditions as provided for in regulations
7 issued pursuant to this Act. To the extent not other-
8 wise prohibited by law, funding commitments shall
9 be for 3 years, as provided in regulations issued pur-
10 suant to this Act.

11 “(c) DEFINITION OF INDIAN.—For purposes of this
12 section and sections 103 and 104, the term ‘Indian’ shall,
13 in addition to the meaning given that term in section 4,
14 also mean any individual who is an Urban Indian.

15 **“SEC. 103. HEALTH PROFESSIONS PREPARATORY SCHOL-**
16 **ARSHIP PROGRAM FOR INDIANS.**

17 “(a) SCHOLARSHIPS AUTHORIZED.—The Secretary,
18 acting through the Service, shall provide scholarships to
19 Indians who—

20 “(1) have successfully completed their high
21 school education or high school equivalency; and

22 “(2) have demonstrated the potential to suc-
23 cessfully complete courses of study in the health pro-
24 fessions.

1 “(b) PURPOSES.—Scholarships provided pursuant to
2 this section shall be for the following purposes:

3 “(1) Compensatory preprofessional education of
4 any recipient, such scholarship not to exceed 2 years
5 on a full-time basis (or the part-time equivalent
6 thereof, as determined by the Secretary pursuant to
7 regulations issued under this Act).

8 “(2) Pregraduate education of any recipient
9 leading to a baccalaureate degree in an approved
10 course of study preparatory to a field of study in a
11 health profession, such scholarship not to exceed 4
12 years. An extension of up to 2 years (or the part-
13 time equivalent thereof, as determined by the Sec-
14 retary pursuant to regulations issued pursuant to
15 this Act) may be approved.

16 “(c) OTHER CONDITIONS.—Scholarships under this
17 section—

18 “(1) may cover costs of tuition, books, trans-
19 portation, board, and other necessary related ex-
20 penses of a recipient while attending school;

21 “(2) shall not be denied solely on the basis of
22 the applicant’s scholastic achievement if such appli-
23 cant has been admitted to, or maintained good
24 standing at, an accredited institution; and

1 “(3) shall not be denied solely by reason of such
2 applicant’s eligibility for assistance or benefits under
3 any other Federal program.

4 **“SEC. 104. INDIAN HEALTH PROFESSIONS SCHOLARSHIPS.**

5 “(a) IN GENERAL.—

6 “(1) AUTHORITY.—The Secretary, acting
7 through the Service, shall make scholarships to Indi-
8 ans who are enrolled full or part time in accredited
9 schools pursuing courses of study in the health pro-
10 fessions. Such scholarships shall be designated In-
11 dian Health Scholarships and shall be made in ac-
12 cordance with section 338A of the Public Health
13 Services Act (42 U.S.C. 254*l*), except as provided in
14 subsection (b) of this section.

15 “(2) ALLOCATION BY FORMULA.—Except as
16 provided in paragraph (3), the funding authorized
17 by this section shall be allocated by Service Area by
18 a formula developed in consultation with Indian
19 Tribes, Tribal Organizations, and Urban Indian Or-
20 ganizations. Such formula shall consider the human
21 resource development needs in each Service Area.

22 “(3) CONTINUITY OF PRIOR SCHOLARSHIPS.—
23 Paragraph (2) shall not apply with respect to indi-
24 vidual recipients of scholarships provided under this
25 section (as in effect 1 day prior to the date of the

1 enactment of the Indian Health Care Improvement
2 Act Amendments of 2004) until such time as the in-
3 dividual completes the course of study that is sup-
4 ported through such scholarship.

5 “(4) CERTAIN DELEGATION NOT ALLOWED.—
6 The administration of this section shall be a respon-
7 sibility of the Assistant Secretary and shall not be
8 delegated in a Funding Agreement.

9 “(b) ACTIVE DUTY SERVICE OBLIGATION.—

10 “(1) OBLIGATION MET.—The active duty serv-
11 ice obligation under a written contract with the Sec-
12 retary under section 338A of the Public Health
13 Service Act (42 U.S.C. 254l) that an Indian has en-
14 tered into under that section shall, if that individual
15 is a recipient of an Indian Health Scholarship, be
16 met in full-time practice on an equivalent year-for-
17 year obligation, by service in one or more of the fol-
18 lowing:

19 “(A) In an Indian Health Program.

20 “(B) In a program assisted under title V
21 of this Act.

22 “(C) In the private practice of the applica-
23 ble profession if, as determined by the Sec-
24 retary, in accordance with guidelines promul-
25 gated by the Secretary, such practice is situated

1 in a physician or other health professional
2 shortage area and addresses the health care
3 needs of a substantial number of Indians.

4 “(2) OBLIGATION DEFERRED.—At the request
5 of any individual who has entered into a contract re-
6 ferred to in paragraph (1) and who receives a degree
7 in medicine (including osteopathic or allopathic med-
8 icine), dentistry, optometry, podiatry, or pharmacy,
9 the Secretary shall defer the active duty service obli-
10 gation of that individual under that contract, in
11 order that such individual may complete any intern-
12 ship, residency, or other advanced clinical training
13 that is required for the practice of that health pro-
14 fession, for an appropriate period (in years, as deter-
15 mined by the Secretary), subject to the following
16 conditions:

17 “(A) No period of internship, residency, or
18 other advanced clinical training shall be counted
19 as satisfying any period of obligated service
20 under this subsection.

21 “(B) The active duty service obligation of
22 that individual shall commence not later than
23 90 days after the completion of that advanced
24 clinical training (or by a date specified by the
25 Secretary).

1 “(C) The active duty service obligation will
2 be served in the health profession of that indi-
3 vidual in a manner consistent with paragraph
4 (1).

5 “(D) A recipient of a scholarship under
6 this section may, at the election of the recipient,
7 meet the active duty service obligation described
8 in paragraph (1) by service in a program speci-
9 fied under that paragraph that—

10 “(i) is located on the reservation of
11 the Indian Tribe in which the recipient is
12 enrolled; or

13 “(ii) serves the Indian Tribe in which
14 the recipient is enrolled.

15 “(3) PRIORITY WHEN MAKING ASSIGNMENTS.—
16 Subject to paragraph (2), the Secretary, in making
17 assignments of Indian Health Scholarship recipients
18 required to meet the active duty service obligation
19 described in paragraph (1), shall give priority to as-
20 signing individuals to service in those programs
21 specified in paragraph (1) that have a need for
22 health professionals to provide health care services
23 as a result of individuals having breached contracts
24 entered into under this section.

1 “(c) PART-TIME STUDENTS.—In the case of an indi-
2 vidual receiving a scholarship under this section who is
3 enrolled part time in an approved course of study—part-
4 time equivalent of 4 years, as determined by the Area Of-
5 fice;

6 “(2) the period of obligated service described in
7 subsection (b)(1) shall be equal to the greater of—

8 “(A) the part-time equivalent of 1 year for
9 each year for which the individual was provided
10 a scholarship (as determined by the Area Of-
11 fice); or

12 “(B) 2 years; and

13 “(3) the amount of the monthly stipend speci-
14 fied in section 338A(g)(1)(B) of the Public Health
15 Service Act (42 U.S.C. 254l(g)(1)(B)) shall be re-
16 duced pro rata (as determined by the Secretary)
17 based on the number of hours such student is en-
18 rolled.

19 “(d) BREACH OF CONTRACT.—

20 “(1) SPECIFIED BREACHES.—An individual
21 shall be liable to the United States for the amount
22 which has been paid to the individual, or on behalf
23 of the individual, under a contract entered into with
24 the Secretary under this section on or after the date
25 of the enactment of the Indian Health Care Im-

1 provement Act Amendments of 2004 if that
2 individual—

3 “(A) fails to maintain an acceptable level
4 of academic standing in the educational institu-
5 tion in which he or she is enrolled (such level
6 determined by the educational institution under
7 regulations of the Secretary);

8 “(B) is dismissed from such educational
9 institution for disciplinary reasons;

10 “(C) voluntarily terminates the training in
11 such an educational institution for which he or
12 she is provided a scholarship under such con-
13 tract before the completion of such training; or

14 “(D) fails to accept payment, or instructs
15 the educational institution in which he or she is
16 enrolled not to accept payment, in whole or in
17 part, of a scholarship under such contract, in
18 lieu of any service obligation arising under such
19 contract.

20 “(2) OTHER BREACHES.—If for any reason not
21 specified in paragraph (1) an individual breaches a
22 written contract by failing either to begin such indi-
23 vidual’s service obligation required under such con-
24 tract or to complete such service obligation, the
25 United States shall be entitled to recover from the

1 individual an amount determined in accordance with
2 the formula specified in subsection (l) of section 110
3 in the manner provided for in such subsection.

4 “(3) CANCELLATION UPON DEATH OF RECIPI-
5 ENT.—Upon the death of an individual who receives
6 an Indian Health Scholarship, any outstanding obli-
7 gation of that individual for service or payment that
8 relates to that scholarship shall be canceled.

9 “(4) WAIVERS AND SUSPENSIONS.—The Sec-
10 retary shall provide for the partial or total waiver or
11 suspension of any obligation of service or payment of
12 a recipient of an Indian Health Scholarship if the
13 Secretary, in consultation with the Area Office, In-
14 dian Tribes, Tribal Organizations, and Urban Indian
15 Organizations, determines that—

16 “(A) it is not possible for the recipient to
17 meet that obligation or make that payment;

18 “(B) requiring that recipient to meet that
19 obligation or make that payment would result
20 in extreme hardship to the recipient; or

21 “(C) the enforcement of the requirement to
22 meet the obligation or make the payment would
23 be unconscionable.

24 “(5) EXTREME HARDSHIP.—Notwithstanding
25 any other provision of law, in any case of extreme

1 hardship or for other good cause shown, the Sec-
2 retary may waive, in whole or in part, the right of
3 the United States to recover funds made available
4 under this section.

5 “(6) BANKRUPTCY.—Notwithstanding any
6 other provision of law, with respect to a recipient of
7 an Indian Health Scholarship, no obligation for pay-
8 ment may be released by a discharge in bankruptcy
9 under title 11, United States Code, unless that dis-
10 charge is granted after the expiration of the 5-year
11 period beginning on the initial date on which that
12 payment is due, and only if the bankruptcy court
13 finds that the nondischarge of the obligation would
14 be unconscionable.

15 **“SEC. 105. AMERICAN INDIANS INTO PSYCHOLOGY PRO-**
16 **GRAM.**

17 “(a) GRANTS AUTHORIZED.—The Secretary, acting
18 through the Service, shall provide funding grants to at
19 least 3 colleges and universities for the purpose of devel-
20 oping and maintaining Indian psychology career recruit-
21 ment programs as a means of encouraging Indians to
22 enter the mental health field. These programs shall be lo-
23 cated at various locations throughout the country to maxi-
24 mize their availability to Indian students and new pro-

1 grams shall be established in different locations from time
2 to time.

3 “(b) QUENTIN N. BURDICK PROGRAM GRANT.—The
4 Secretary shall provide a grant authorized under sub-
5 section (a) to develop and maintain a program at the Uni-
6 versity of North Dakota to be known as the ‘Quentin N.
7 Burdick American Indians Into Psychology Program’.
8 Such program shall, to the maximum extent feasible, co-
9 ordinate with the Quentin N. Burdick Indian Health Pro-
10 grams authorized under section 117(b), the Quentin N.
11 Burdick American Indians Into Nursing Program author-
12 ized under section 115(e), and existing university research
13 and communications networks.

14 “(c) REGULATIONS.—The Secretary shall issue regu-
15 lations pursuant to this Act for the competitive awarding
16 of funds provided under this section.

17 “(d) CONDITIONS OF GRANT.—Applicants under this
18 section shall agree to provide a program which, at a
19 minimum—

20 “(1) provides outreach and recruitment for
21 health professions to Indian communities including
22 elementary, secondary, and accredited and accessible
23 community colleges that will be served by the pro-
24 gram;

1 “(2) incorporates a program advisory board
2 comprised of representatives from the tribes and
3 communities that will be served by the program;

4 “(3) provides summer enrichment programs to
5 expose Indian students to the various fields of psy-
6 chology through research, clinical, and experimental
7 activities;

8 “(4) provides stipends to undergraduate and
9 graduate students to pursue a career in psychology;

10 “(5) develops affiliation agreements with tribal
11 colleges and universities, the Service, university af-
12 filiated programs, and other appropriate accredited
13 and accessible entities to enhance the education of
14 Indian students;

15 “(6) to the maximum extent feasible, uses exist-
16 ing university tutoring, counseling, and student sup-
17 port services; and

18 “(7) to the maximum extent feasible, employs
19 qualified Indians in the program.

20 “(e) ACTIVE DUTY SERVICE REQUIREMENT.—The
21 active duty service obligation prescribed under section
22 338C of the Public Health Service Act (42 U.S.C. 254m)
23 shall be met by each graduate who receives a stipend de-
24 scribed in subsection (d)(4) that is funded under this sec-
25 tion. Such obligation shall be met by service—

1 “(1) in an Indian Health Program;

2 “(2) in a program assisted under title V of this

3 Act; or

4 “(3) in the private practice of psychology if, as
5 determined by the Secretary, in accordance with
6 guidelines promulgated by the Secretary, such prac-
7 tice is situated in a physician or other health profes-
8 sional shortage area and addresses the health care
9 needs of a substantial number of Indians.

10 **“SEC. 106. FUNDING FOR TRIBES FOR SCHOLARSHIP PRO-**
11 **GRAMS.**

12 “(a) IN GENERAL.—

13 “(1) FUNDING AUTHORIZED.—The Secretary,
14 acting through the Service, shall make funds avail-
15 able to Tribal Health Programs for the purpose of
16 providing scholarships for Indians to serve as health
17 professionals in Indian communities.

18 “(2) AMOUNT.—Amounts available under para-
19 graph (1) for any fiscal year shall not exceed 5 per-
20 cent of the amounts available for each fiscal year for
21 Indian Health Scholarships under section 104.

22 “(3) APPLICATION.—An application for funds
23 under paragraph (1) shall be in such form and con-
24 tain such agreements, assurances, and information
25 as consistent with this section.

1 “(b) REQUIREMENTS.—

2 “(1) IN GENERAL.—A Tribal Health Program
3 receiving funds under subsection (a) shall provide
4 scholarships to Indians in accordance with the re-
5 quirements of this section.

6 “(2) COSTS.—With respect to costs of providing
7 any scholarship pursuant to subsection (a)—

8 “(A) 80 percent of the costs of the scholar-
9 ship shall be paid from the funds made avail-
10 able pursuant to subsection (a)(1) provided to
11 the Tribal Health Program; and

12 “(B) 20 percent of such costs may be paid
13 from any other source of funds.

14 “(c) COURSE OF STUDY.—A Tribal Health Program
15 shall provide scholarships under this section only to Indi-
16 ans enrolled or accepted for enrollment in a course of
17 study (approved by the Secretary) in one of the health pro-
18 fessions contemplated by this Act.

19 “(d) CONTRACT.—In providing scholarships under
20 subsection (b), the Secretary and the Tribal Health Pro-
21 gram shall enter into a written contract with each recipi-
22 ent of such scholarship. Such contract shall—

23 “(1) obligate such recipient to provide service in
24 an Indian Health Program or Urban Indian Organi-
25 zation, in the same Service Area where the Tribal

1 Health Program providing the scholarship is located,
2 for—

3 “(A) a number of years for which the
4 scholarship is provided (or the part-time equivalent thereof, as determined by the Secretary),
5 or for a period of 2 years, whichever period is
6 greater; or
7

8 “(B) such greater period of time as the recipient and the Tribal Health Program may
9 agree;
10

11 “(2) provide that the amount of the
12 scholarship—

13 “(A) may only be expended for—

14 “(i) tuition expenses, other reasonable
15 educational expenses, and reasonable living
16 expenses incurred in attendance at the
17 educational institution; and

18 “(ii) payment to the recipient of a
19 monthly stipend of not more than the
20 amount authorized by section 338(g)(1)(B)
21 of the Public Health Service Act (42
22 U.S.C. 254m(g)(1)(B)), such amount to be
23 reduced pro rata (as determined by the
24 Secretary) based on the number of hours
25 such student is enrolled; and may not ex-

1 ceed, for any year of attendance for which
2 the scholarship is provided, the total
3 amount required for the year for the pur-
4 poses authorized in this clause; and

5 “(B) may not exceed, for any year of at-
6 tendance for which the scholarship is provided,
7 the total amount required for the year for the
8 purposes authorized in subparagraph (A);

9 “(3) require the recipient of such scholarship to
10 maintain an acceptable level of academic standing as
11 determined by the educational institution in accord-
12 ance with regulations issued pursuant to this Act;
13 and

14 “(4) require the recipient of such scholarship to
15 meet the educational and licensure requirements ap-
16 propriate to each health profession.

17 “(e) BREACH OF CONTRACT.—

18 “(1) SPECIFIC BREACHES.—An individual who
19 has entered into a written contract with the Sec-
20 retary and a Tribal Health Program under sub-
21 section (d) shall be liable to the United States for
22 the Federal share of the amount which has been
23 paid to him or her, or on his or her behalf, under
24 the contract if that individual—

1 “(A) fails to maintain an acceptable level
2 of academic standing in the educational institu-
3 tion in which he or she is enrolled (such level
4 as determined by the educational institution
5 under regulations of the Secretary);

6 “(B) is dismissed from such educational
7 institution for disciplinary reasons;

8 “(C) voluntarily terminates the training in
9 such an educational institution for which he or
10 she is provided a scholarship under such con-
11 tract before the completion of such training; or

12 “(D) fails to accept payment, or instructs
13 the educational institution in which he or she is
14 enrolled not to accept payment, in whole or in
15 part, of a scholarship under such contract, in
16 lieu of any service obligation arising under such
17 contract.

18 “(2) OTHER BREACHES.—If for any reason not
19 specified in paragraph (1), an individual breaches a
20 written contract by failing to either begin such indi-
21 vidual’s service obligation required under such con-
22 tract or to complete such service obligation, the
23 United States shall be entitled to recover from the
24 individual an amount determined in accordance with

1 the formula specified in subsection (l) of section 110
2 in the manner provided for in such subsection.

3 “(3) CANCELLATION UPON DEATH OF RECIPI-
4 ENT.—Upon the death of an individual who receives
5 an Indian Health Scholarship, any outstanding obli-
6 gation of that individual for service or payment that
7 relates to that scholarship shall be canceled.

8 “(4) INFORMATION.—The Secretary may carry
9 out this subsection on the basis of information re-
10 ceived from Tribal Health Programs involved or on
11 the basis of information collected through such other
12 means as the Secretary deems appropriate.

13 “(f) RELATION TO SOCIAL SECURITY ACT.—The re-
14 cipient of a scholarship under this section shall agree, in
15 providing health care pursuant to the requirements
16 herein—

17 “(1) not to discriminate against an individual
18 seeking care on the basis of the ability of the indi-
19 vidual to pay for such care or on the basis that pay-
20 ment for such care will be made pursuant to a pro-
21 gram established in title XVIII of the Social Secu-
22 rity Act or pursuant to the programs established in
23 title XIX or title XXI of such Act; and

24 “(2) to accept assignment under section
25 1842(b)(3)(B)(ii) of the Social Security Act for all

1 services for which payment may be made under part
2 B of title XVIII of such Act, and to enter into an
3 appropriate agreement with the State agency that
4 administers the State plan for medical assistance
5 under title XIX, or the State child health plan under
6 title XXI, of such Act to provide service to individ-
7 uals entitled to medical assistance or child health as-
8 sistance, respectively, under the plan.

9 “(g) CONTINUANCE OF FUNDING.—The Secretary
10 shall make payments under this section to a Tribal Health
11 Program for any fiscal year subsequent to the first fiscal
12 year of such payments unless the Secretary determines
13 that, for the immediately preceding fiscal year, the Tribal
14 Health Program has not complied with the requirements
15 of this section.

16 **“SEC. 107. INDIAN HEALTH SERVICE EXTERN PROGRAMS.**

17 “(a) EMPLOYMENT PREFERENCE.—Any individual
18 who receives a scholarship pursuant to section 104 or 106
19 shall be given preference for employment in the Service,
20 or may be employed by a Tribal Health Program or an
21 Urban Indian Organization, or other agencies of the De-
22 partment as available, during any nonacademic period of
23 the year.

24 “(b) NOT COUNTED TOWARD ACTIVE DUTY SERVICE
25 OBLIGATION.—Periods of employment pursuant to this

1 subsection shall not be counted in determining fulfillment
2 of the service obligation incurred as a condition of the
3 scholarship.

4 “(c) TIMING; LENGTH OF EMPLOYMENT.—Any indi-
5 vidual enrolled in a program, including a high school pro-
6 gram, authorized under section 102(a) may be employed
7 by the Service or by a Tribal Health Program or an Urban
8 Indian Organization during any nonacademic period of the
9 year. Any such employment shall not exceed 120 days dur-
10 ing any calendar year.

11 “(d) NONAPPLICABILITY OF COMPETITIVE PER-
12 SONNEL SYSTEM.—Any employment pursuant to this sec-
13 tion shall be made without regard to any competitive per-
14 sonnel system or agency personnel limitation and to a po-
15 sition which will enable the individual so employed to re-
16 ceive practical experience in the health profession in which
17 he or she is engaged in study. Any individual so employed
18 shall receive payment for his or her services comparable
19 to the salary he or she would receive if he or she were
20 employed in the competitive system. Any individual so em-
21 ployed shall not be counted against any employment ceil-
22 ing affecting the Service or the Department.

23 **“SEC. 108. CONTINUING EDUCATION ALLOWANCES.**

24 “In order to encourage health professionals, including
25 community health representatives and emergency medical

1 technicians, to join or continue in an Indian Health Pro-
2 gram or an Urban Indian Organization and to provide
3 their services in the rural and remote areas where a sig-
4 nificant portion of Indians reside, the Secretary, acting
5 through the Service, may provide allowances to health pro-
6 fessionals employed in an Indian Health Program or an
7 Urban Indian Organization to enable them for a period
8 of time each year prescribed by regulation of the Secretary
9 to take leave of their duty stations for professional con-
10 sultation and refresher training courses.

11 **“SEC. 109. COMMUNITY HEALTH REPRESENTATIVE PRO-**
12 **GRAM.**

13 “(a) IN GENERAL.—Under the authority of the Act
14 of November 2, 1921 (25 U.S.C. 13) (commonly known
15 as the ‘Snyder Act’), the Secretary, acting through the
16 Service, shall maintain a Community Health Representa-
17 tive Program under which Indian Health Programs—

18 “(1) provide for the training of Indians as com-
19 munity health representatives; and

20 “(2) use such community health representatives
21 in the provision of health care, health promotion,
22 and disease prevention services to Indian commu-
23 nities.

24 “(b) DUTIES.—The Community Health Representa-
25 tive Program of the Service, shall—

1 “(1) provide a high standard of training for
2 community health representatives to ensure that the
3 community health representatives provide quality
4 health care, health promotion, and disease preven-
5 tion services to the Indian communities served by
6 the Program;

7 “(2) in order to provide such training, develop
8 and maintain a curriculum that—

9 “(A) combines education in the theory of
10 health care with supervised practical experience
11 in the provision of health care; and

12 “(B) provides instruction and practical ex-
13 perience in health promotion and disease pre-
14 vention activities, with appropriate consider-
15 ation given to lifestyle factors that have an im-
16 pact on Indian health status, such as alco-
17 holism, family dysfunction, and poverty;

18 “(3) maintain a system which identifies the
19 needs of community health representatives for con-
20 tinuing education in health care, health promotion,
21 and disease prevention, and develop programs that
22 meet the needs for continuing education;

23 “(4) maintain a system that provides close su-
24 pervision of Community Health Representatives;

1 “(5) maintain a system under which the work
2 of Community Health Representatives is reviewed
3 and evaluated; and

4 “(6) promote Traditional Health Care Practices
5 of the Indian Tribes served consistent with the Serv-
6 ice standards for the provision of health care, health
7 promotion, and disease prevention.

8 **“SEC. 110. INDIAN HEALTH SERVICE LOAN REPAYMENT**
9 **PROGRAM.**

10 “(a) ESTABLISHMENT.—The Secretary, acting
11 through the Service, shall establish and administer a pro-
12 gram to be known as the Service Loan Repayment Pro-
13 gram (hereinafter referred to as the ‘Loan Repayment
14 Program’) in order to ensure an adequate supply of
15 trained health professionals necessary to maintain accredi-
16 tation of, and provide health care services to Indians
17 through, Indian Health Programs and Urban Indian Or-
18 ganizations.

19 “(b) ELIGIBLE INDIVIDUALS.—To be eligible to par-
20 ticipate in the Loan Repayment Program, an individual
21 must—

22 “(1)(A) be enrolled—

23 “(i) in a course of study or program in an
24 accredited educational institution (as deter-
25 mined by the Secretary under section

1 338B(b)(1)(c)(i) of the Public Health Service
2 Act (42 U.S.C. 254l-1(b)(1)(c)(i))) and be
3 scheduled to complete such course of study in
4 the same year such individual applies to partici-
5 pate in such program; or

6 “(ii) in an approved graduate training pro-
7 gram in a health profession; or

8 “(B) have—

9 “(i) a degree in a health profession; and

10 “(ii) a license to practice a health profes-
11 sion;

12 “(2)(A) be eligible for, or hold, an appointment
13 as a commissioned officer in the Regular or Reserve
14 Corps of the Public Health Service;

15 “(B) be eligible for selection for civilian service
16 in the Regular or Reserve Corps of the Public
17 Health Service;

18 “(C) meet the professional standards for civil
19 service employment in the Service; or

20 “(D) be employed in an Indian Health Program
21 or Urban Indian Organization without a service obli-
22 gation; and

23 “(3) submit to the Secretary an application for
24 a contract described in subsection (e).

25 “(c) APPLICATION.—

1 “(1) INFORMATION TO BE INCLUDED WITH
2 FORMS.—In disseminating application forms and
3 contract forms to individuals desiring to participate
4 in the Loan Repayment Program, the Secretary
5 shall include with such forms a fair summary of the
6 rights and liabilities of an individual whose applica-
7 tion is approved (and whose contract is accepted) by
8 the Secretary, including in the summary a clear ex-
9 planation of the damages to which the United States
10 is entitled under subsection (l) in the case of the in-
11 dividual’s breach of contract. The Secretary shall
12 provide such individuals with sufficient information
13 regarding the advantages and disadvantages of serv-
14 ice as a commissioned officer in the Regular or Re-
15 serve Corps of the Public Health Service or a civil-
16 ian employee of the Service to enable the individual
17 to make a decision on an informed basis.

18 “(2) CLEAR LANGUAGE.—The application form,
19 contract form, and all other information furnished
20 by the Secretary under this section shall be written
21 in a manner calculated to be understood by the aver-
22 age individual applying to participate in the Loan
23 Repayment Program.

24 “(3) TIMELY AVAILABILITY OF FORMS.—The
25 Secretary shall make such application forms, con-

1 tract forms, and other information available to indi-
2 viduals desiring to participate in the Loan Repay-
3 ment Program on a date sufficiently early to ensure
4 that such individuals have adequate time to carefully
5 review and evaluate such forms and information.

6 “(d) PRIORITIES.—

7 “(1) LIST.—Consistent with subsection (k), the
8 Secretary shall annually—

9 “(A) identify the positions in each Indian
10 Health Program or Urban Indian Organization
11 for which there is a need or a vacancy; and

12 “(B) rank those positions in order of pri-
13 ority.

14 “(2) APPROVALS.—Notwithstanding the pri-
15 ority determined under paragraph (1), the Secretary,
16 in determining which applications under the Loan
17 Repayment Program to approve (and which con-
18 tracts to accept), shall—

19 “(A) give first priority to applications
20 made by individual Indians; and

21 “(B) after making determinations on all
22 applications submitted by individual Indians as
23 required under subparagraph (A), give priority
24 to—

1 “(i) individuals recruited through the
2 efforts of an Indian Health Program or
3 Urban Indian Organization; and

4 “(ii) other individuals based on the
5 priority rankings under paragraph (1).

6 “(e) RECIPIENT CONTRACTS.—

7 “(1) CONTRACT REQUIRED.—An individual be-
8 comes a participant in the Loan Repayment Pro-
9 gram only upon the Secretary and the individual en-
10 tering into a written contract described in paragraph
11 (2).

12 “(2) CONTENTS OF CONTRACT.—The written
13 contract referred to in this section between the Sec-
14 retary and an individual shall contain—

15 “(A) an agreement under which—

16 “(i) subject to subparagraph (C), the
17 Secretary agrees—

18 “(I) to pay loans on behalf of the
19 individual in accordance with the pro-
20 visions of this section; and

21 “(II) to accept (subject to the
22 availability of appropriated funds for
23 carrying out this section) the indi-
24 vidual into the Service or place the in-
25 dividual with a Tribal Health Pro-

1 gram or Urban Indian Organization
2 as provided in clause (ii)(III); and

3 “(ii) subject to subparagraph (C), the
4 individual agrees—

5 “(I) to accept loan payments on
6 behalf of the individual;

7 “(II) in the case of an individual
8 described in subsection (b)(1)—

9 “(aa) to maintain enrollment
10 in a course of study or training
11 described in subsection (b)(1)(A)
12 until the individual completes the
13 course of study or training; and

14 “(bb) while enrolled in such
15 course of study or training, to
16 maintain an acceptable level of
17 academic standing (as deter-
18 mined under regulations of the
19 Secretary by the educational in-
20 stitution offering such course of
21 study or training); and

22 “(III) to serve for a time period
23 (hereinafter in this section referred to
24 as the ‘period of obligated service’)
25 equal to 2 years or such longer period

1 as the individual may agree to serve
2 in the full-time clinical practice of
3 such individual's profession in an In-
4 dian Health Program or Urban In-
5 dian Organization to which the indi-
6 vidual may be assigned by the Sec-
7 retary;

8 “(B) a provision permitting the Secretary
9 to extend for such longer additional periods, as
10 the individual may agree to, the period of obli-
11 gated service agreed to by the individual under
12 subparagraph (A)(ii)(III);

13 “(C) a provision that any financial obliga-
14 tion of the United States arising out of a con-
15 tract entered into under this section and any
16 obligation of the individual which is conditioned
17 thereon is contingent upon funds being appro-
18 priated for loan repayments under this section;

19 “(D) a statement of the damages to which
20 the United States is entitled under subsection
21 (l) for the individual's breach of the contract;
22 and

23 “(E) such other statements of the rights
24 and liabilities of the Secretary and of the indi-
25 vidual, not inconsistent with this section.

1 “(f) DEADLINE FOR DECISION ON APPLICATION.—

2 The Secretary shall provide written notice to an individual

3 within 21 days on—

4 “(1) the Secretary’s approving, under sub-

5 section (e)(1), of the individual’s participation in the

6 Loan Repayment Program, including extensions re-

7 sulting in an aggregate period of obligated service in

8 excess of 4 years; or

9 “(2) the Secretary’s disapproving an individ-

10 ual’s participation in such Program.

11 “(g) PAYMENTS.—

12 “(1) IN GENERAL.—A loan repayment provided

13 for an individual under a written contract under the

14 Loan Repayment Program shall consist of payment,

15 in accordance with paragraph (2), on behalf of the

16 individual of the principal, interest, and related ex-

17 penses on government and commercial loans received

18 by the individual regarding the undergraduate or

19 graduate education of the individual (or both), which

20 loans were made for—

21 “(A) tuition expenses;

22 “(B) all other reasonable educational ex-

23 penses, including fees, books, and laboratory ex-

24 penses, incurred by the individual; and

1 “(C) reasonable living expenses as deter-
2 mined by the Secretary.

3 “(2) AMOUNT.—For each year of obligated
4 service that an individual contracts to serve under
5 subsection (e), the Secretary may pay up to \$35,000
6 or an amount equal to the amount specified in sec-
7 tion 338B(g)(2)(A) of the Public Health Service
8 Act, whichever is more, on behalf of the individual
9 for loans described in paragraph (1). In making a
10 determination of the amount to pay for a year of
11 such service by an individual, the Secretary shall
12 consider the extent to which each such
13 determination—

14 “(A) affects the ability of the Secretary to
15 maximize the number of contracts that can be
16 provided under the Loan Repayment Program
17 from the amounts appropriated for such con-
18 tracts;

19 “(B) provides an incentive to serve in In-
20 dian Health Programs and Urban Indian Orga-
21 nizations with the greatest shortages of health
22 professionals; and

23 “(C) provides an incentive with respect to
24 the health professional involved remaining in an
25 Indian Health Program or Urban Indian Orga-

1 nization with such a health professional short-
2 age, and continuing to provide primary health
3 services, after the completion of the period of
4 obligated service under the Loan Repayment
5 Program.

6 “(3) TIMING.—Any arrangement made by the
7 Secretary for the making of loan repayments in ac-
8 cordance with this subsection shall provide that any
9 repayments for a year of obligated service shall be
10 made no later than the end of the fiscal year in
11 which the individual completes such year of service.

12 “(4) For the purpose of providing reimburse-
13 ments for tax liability resulting from payments
14 under paragraph (2) on behalf of an individual, the
15 Secretary—

16 “(A) in addition to such payments, may
17 make payments to the individual in an amount
18 not less than 20 percent and not more than 39
19 percent of the total amount of loan repayments
20 made for the taxable year involved; and

21 “(B) may make such additional payments
22 as the Secretary determines to be appropriate
23 with respect to such purpose.

24 “(5) PAYMENT SCHEDULE.—The Secretary
25 may enter into an agreement with the holder of any

1 loan for which payments are made under the Loan
2 Repayment Program to establish a schedule for the
3 making of such payments.

4 “(h) EMPLOYMENT CEILING.—Notwithstanding any
5 other provision of law, individuals who have entered into
6 written contracts with the Secretary under this section
7 shall not be counted against any employment ceiling af-
8 fecting the Department while those individuals are under-
9 going academic training.

10 “(i) RECRUITMENT.—The Secretary shall conduct re-
11 cruiting programs for the Loan Repayment Program and
12 other Service manpower programs at educational institu-
13 tions training health professionals or specialists identified
14 in subsection (a).

15 “(j) APPLICABILITY OF LAW.—Section 214 of the
16 Public Health Service Act (42 U.S.C. 215) shall not apply
17 to individuals during their period of obligated service
18 under the Loan Repayment Program.

19 “(k) ASSIGNMENT OF INDIVIDUALS.—The Secretary,
20 in assigning individuals to serve in Indian Health Pro-
21 grams or Urban Indian Organizations pursuant to con-
22 tracts entered into under this section, shall—

23 “(1) ensure that the staffing needs of Tribal
24 Health Programs and Urban Indian Organizations
25 receive consideration on an equal basis with pro-

1 grams that are administered directly by the Service;
2 and

3 “(2) give priority to assigning individuals to In-
4 dian Health Programs and Urban Indian Organiza-
5 tions that have a need for health professionals to
6 provide health care services as a result of individuals
7 having breached contracts entered into under this
8 section.

9 “(l) BREACH OF CONTRACT.—

10 “(1) SPECIFIC BREACHES.—An individual who
11 has entered into a written contract with the Sec-
12 retary under this section and has not received a
13 waiver under subsection (m) shall be liable, in lieu
14 of any service obligation arising under such contract,
15 to the United States for the amount which has been
16 paid on such individual’s behalf under the contract
17 if that individual—

18 “(A) is enrolled in the final year of a
19 course of study and—

20 “(i) fails to maintain an acceptable
21 level of academic standing in the edu-
22 cational institution in which he or she is
23 enrolled (such level determined by the edu-
24 cational institution under regulations of
25 the Secretary);

1 “(ii) voluntarily terminates such en-
2 rollment; or

3 “(iii) is dismissed from such edu-
4 cational institution before completion of
5 such course of study; or

6 “(B) is enrolled in a graduate training pro-
7 gram and fails to complete such training pro-
8 gram.

9 “(2) OTHER BREACHES; FORMULA FOR
10 AMOUNT OWED.—If, for any reason not specified in
11 paragraph (1), an individual breaches his or her
12 written contract under this section by failing either
13 to begin, or complete, such individual’s period of ob-
14 ligated service in accordance with subsection (e)(2),
15 the United States shall be entitled to recover from
16 such individual an amount to be determined in ac-
17 cordance with the following formula: $A=3Z(t-s/t)$
18 in which—

19 “(A) ‘A’ is the amount the United States
20 is entitled to recover;

21 “(B) ‘Z’ is the sum of the amounts paid
22 under this section to, or on behalf of, the indi-
23 vidual and the interest on such amounts which
24 would be payable if, at the time the amounts
25 were paid, they were loans bearing interest

1 based on yields on appropriate marketable
2 Treasury securities;

3 “(C) ‘t’ is the total number of months in
4 the individual’s period of obligated service in
5 accordance with subsection (f); and

6 “(D) ‘s’ is the number of months of such
7 period served by such individual in accordance
8 with this section.

9 “(3) DEDUCTIONS IN MEDICARE PAYMENTS.—
10 Amounts not paid within such period shall be sub-
11 ject to collection through deductions in medicare
12 payments pursuant to section 1892 of the Social Se-
13 curity Act.

14 “(4) TIME PERIOD FOR REPAYMENT.—Any
15 amount of damages which the United States is enti-
16 tled to recover under this subsection shall be paid to
17 the United States within the 1-year period beginning
18 on the date of the breach or such longer period be-
19 ginning on such date as shall be specified by the
20 Secretary.

21 “(5) RECOVERY OF DELINQUENCY.—

22 “(A) IN GENERAL.—If damages described
23 in paragraph (4) are delinquent for 3 months,
24 the Secretary shall, for the purpose of recov-
25 ering such damages—

1 “(i) use collection agencies contracted
2 with by the Administrator of General Serv-
3 ices; or

4 “(ii) enter into contracts for the re-
5 covery of such damages with collection
6 agencies selected by the Secretary.

7 “(B) REPORT.—Each contract for recov-
8 ering damages pursuant to this subsection shall
9 provide that the contractor will, not less than
10 once each 6 months, submit to the Secretary a
11 status report on the success of the contractor in
12 collecting such damages. Section 3718 of title
13 31, United States Code, shall apply to any such
14 contract to the extent not inconsistent with this
15 subsection.

16 “(m) WAIVER OR SUSPENSION OF OBLIGATION.—

17 “(1) IN GENERAL.—The Secretary shall by reg-
18 ulation provide for the partial or total waiver or sus-
19 pension of any obligation of service or payment by
20 an individual under the Loan Repayment Program
21 whenever compliance by the individual is impossible
22 or would involve extreme hardship to the individual
23 and if enforcement of such obligation with respect to
24 any individual would be unconscionable.

1 “(2) CANCELED UPON DEATH.—Any obligation
2 of an individual under the Loan Repayment Pro-
3 gram for service or payment of damages shall be
4 canceled upon the death of the individual.

5 “(3) HARDSHIP WAIVER.—The Secretary may
6 waive, in whole or in part, the rights of the United
7 States to recover amounts under this section in any
8 case of extreme hardship or other good cause shown,
9 as determined by the Secretary.

10 “(4) BANKRUPTCY.—Any obligation of an indi-
11 vidual under the Loan Repayment Program for pay-
12 ment of damages may be released by a discharge in
13 bankruptcy under title 11 of the United States Code
14 only if such discharge is granted after the expiration
15 of the 5-year period beginning on the first date that
16 payment of such damages is required, and only if
17 the bankruptcy court finds that nondischarge of the
18 obligation would be unconscionable.

19 “(n) REPORT.—The Secretary shall submit to the
20 President, for inclusion in each report required to be sub-
21 mitted to Congress under section 801, a report concerning
22 the previous fiscal year which sets forth by Service Area
23 the following:

24 “(1) A list of the health professional positions
25 maintained by Indian Health Programs and Urban

1 Indian Organizations for which recruitment or reten-
2 tion is difficult.

3 “(2) The number of Loan Repayment Program
4 applications filed with respect to each type of health
5 profession.

6 “(3) The number of contracts described in sub-
7 section (e) that are entered into with respect to each
8 health profession.

9 “(4) The amount of loan payments made under
10 this section, in total and by health profession.

11 “(5) The number of scholarships that are pro-
12 vided under sections 104 and 106 with respect to
13 each health profession.

14 “(6) The amount of scholarship grants provided
15 under section 104 and 106, in total and by health
16 profession.

17 “(7) The number of providers of health care
18 that will be needed by Indian Health Programs and
19 Urban Indian Organizations, by location and profes-
20 sion, during the 3 fiscal years beginning after the
21 date the report is filed.

22 “(8) The measures the Secretary plans to take
23 to fill the health professional positions maintained
24 by Indian Health Programs or Urban Indian Orga-

1 nizations for which recruitment or retention is dif-
2 ficult.

3 **“SEC. 111. SCHOLARSHIP AND LOAN REPAYMENT RECOV-**
4 **ERY FUND.**

5 “(a) ESTABLISHMENT.—There is established in the
6 Treasury of the United States a fund to be known as the
7 Indian Health Scholarship and Loan Repayment Recovery
8 Fund (hereafter in this section referred to as the ‘LRRF’).
9 The LRRF shall consist of such amounts as may be col-
10 lected from individuals under section 104(d), section
11 106(e), and section 110(l) for breach of contract, such
12 funds as may be appropriated to the LRRF, and interest
13 earned on amounts in the LRRF. All amounts collected,
14 appropriated, or earned relative to the LRRF shall remain
15 available until expended.

16 “(b) USE OF FUNDS.—

17 “(1) BY SECRETARY.—Amounts in the LRRF
18 may be expended by the Secretary, acting through
19 the Service, to make payments to an Indian Health
20 Program—

21 “(A) to which a scholarship recipient under
22 section 104 and 106 or a loan repayment pro-
23 gram participant under section 110 has been
24 assigned to meet the obligated service require-
25 ments pursuant to such sections; and

1 “(B) that has a need for a health profes-
2 sional to provide health care services as a result
3 of such recipient or participant having breached
4 the contract entered into under section 104,
5 106, or section 110.

6 “(2) BY TRIBAL HEALTH PROGRAMS.—A Tribal
7 Health Program receiving payments pursuant to
8 paragraph (1) may expend the payments to provide
9 scholarships or recruit and employ, directly or by
10 contract, health professionals to provide health care
11 services.

12 “(c) INVESTMENT OF FUNDS.—The Secretary of the
13 Treasury shall invest such amounts of the LRRF, except
14 for the appropriated funds, as the Secretary determines
15 are not required to meet current withdrawals from the
16 LRRF. Such investments may be made only in interest
17 bearing obligations of the United States. For such pur-
18 pose, such obligations may be acquired on original issue
19 at the issue price, or by purchase of outstanding obliga-
20 tions at the market price.

21 “(d) SALE OF OBLIGATIONS.—Any obligation ac-
22 quired by the LRRF may be sold by the Secretary of the
23 Treasury at the market price.

1 **“SEC. 112. RECRUITMENT ACTIVITIES.**

2 “(a) REIMBURSEMENT FOR TRAVEL.—The Sec-
3 retary, acting through the Service, may reimburse health
4 professionals seeking positions with Indian Health Pro-
5 grams or Urban Indian Organizations, including unpaid
6 student volunteers and individuals considering entering
7 into a contract under section 110, and their spouses, for
8 actual and reasonable expenses incurred in traveling to
9 and from their places of residence to an area in which
10 they may be assigned for the purpose of evaluating such
11 area with respect to such assignment.

12 “(b) RECRUITMENT PERSONNEL.—The Secretary,
13 acting through the Service, shall assign one individual in
14 each Area Office to be responsible on a full-time basis for
15 recruitment activities.

16 **“SEC. 113. INDIAN RECRUITMENT AND RETENTION PRO-**
17 **GRAM.**

18 “(a) IN GENERAL.—The Secretary, acting through
19 the Service, shall fund innovative demonstration projects
20 for a period not to exceed 3 years to enable Tribal Health
21 Programs and Urban Indian Organizations to recruit,
22 place, and retain health professionals to meet their staff-
23 ing needs.

24 “(b) ELIGIBLE ENTITIES; APPLICATION.—Any Trib-
25 al Health Program or Urban Indian Organization may

1 submit an application for funding of a project pursuant
2 to this section.

3 **“SEC. 114. ADVANCED TRAINING AND RESEARCH.**

4 “(a) DEMONSTRATION PROGRAM.—The Secretary,
5 acting through the Service, shall establish a demonstration
6 project to enable health professionals who have worked in
7 an Indian Health Program or Urban Indian Organization
8 for a substantial period of time to pursue advanced train-
9 ing or research areas of study for which the Secretary de-
10 termines a need exists.

11 “(b) SERVICE OBLIGATION.—An individual who par-
12 ticipates in a program under subsection (a), where the
13 educational costs are borne by the Service, shall incur an
14 obligation to serve in an Indian Health Program or Urban
15 Indian Organization for a period of obligated service equal
16 to at least the period of time during which the individual
17 participates in such program. In the event that the indi-
18 vidual fails to complete such obligated service, the indi-
19 vidual shall be liable to the United States for the period
20 of service remaining. In such event, with respect to indi-
21 viduals entering the program after the date of the enact-
22 ment of the Indian Health Care Improvement Act Amend-
23 ments of 2004, the United States shall be entitled to re-
24 cover from such individual an amount to be determined
25 in accordance with the formula specified in subsection (l)

1 of section 110 in the manner provided for in such sub-
2 section.

3 “(c) EQUAL OPPORTUNITY FOR PARTICIPATION.—
4 Health professionals from Tribal Health Programs and
5 Urban Indian Organizations shall be given an equal oppor-
6 tunity to participate in the program under subsection (a).

7 **“SEC. 115. QUENTIN N. BURDICK AMERICAN INDIANS INTO**
8 **NURSING PROGRAM.**

9 “(a) GRANTS AUTHORIZED.—For the purpose of in-
10 creasing the number of nurses, nurse midwives, and nurse
11 practitioners who deliver health care services to Indians,
12 the Secretary, acting through the Service, shall provide
13 grants to the following:

14 “(1) Public or private schools of nursing.

15 “(2) Tribal colleges or universities.

16 “(3) Nurse midwife programs and advanced
17 practice nurse programs that are provided by any
18 tribal college or university accredited nursing pro-
19 gram, or in the absence of such, any other public or
20 private institutions.

21 “(b) USE OF GRANTS.—Grants provided under sub-
22 section (a) may be used for one or more of the following:

23 “(1) To recruit individuals for programs which
24 train individuals to be nurses, nurse midwives, or
25 advanced practice nurses.

1 “(2) To provide scholarships to Indians enrolled
2 in such programs that may pay the tuition charged
3 for such program and other expenses incurred in
4 connection with such program, including books, fees,
5 room and board, and stipends for living expenses.

6 “(3) To provide a program that encourages
7 nurses, nurse midwives, and advanced practice
8 nurses to provide, or continue to provide, health care
9 services to Indians.

10 “(4) To provide a program that increases the
11 skills of, and provides continuing education to,
12 nurses, nurse midwives, and advanced practice
13 nurses.

14 “(5) To provide any program that is designed
15 to achieve the purpose described in subsection (a).

16 “(c) APPLICATIONS.—Each application for funding
17 under subsection (a) shall include such information as the
18 Secretary may require to establish the connection between
19 the program of the applicant and a health care facility
20 that primarily serves Indians.

21 “(d) PREFERENCES FOR GRANT RECIPIENTS.—In
22 providing grants under subsection (a), the Secretary shall
23 extend a preference to the following:

24 “(1) Programs that provide a preference to In-
25 dians.

1 “(2) Programs that train nurse midwives or ad-
2 vanced practice nurses.

3 “(3) Programs that are interdisciplinary.

4 “(4) Programs that are conducted in coopera-
5 tion with a program for gifted and talented Indian
6 students.

7 “(e) QUENTIN N. BURDICK PROGRAM GRANT.—The
8 Secretary shall provide one of the grants authorized under
9 subsection (a) to establish and maintain a program at the
10 University of North Dakota to be known as the ‘Quentin
11 N. Burdick American Indians Into Nursing Program’.
12 Such program shall, to the maximum extent feasible, co-
13 ordinate with the Quentin N. Burdick Indian Health Pro-
14 grams established under section 117(b) and the Quentin
15 N. Burdick American Indians Into Psychology Program
16 established under section 105(b).

17 “(f) ACTIVE DUTY SERVICE OBLIGATION.—The ac-
18 tive duty service obligation prescribed under section 338C
19 of the Public Health Service Act (42 U.S.C. 254m) shall
20 be met by each individual who receives training or assist-
21 ance described in paragraph (1) or (2) of subsection (b)
22 that is funded by a grant provided under subsection (a).
23 Such obligation shall be met by service—

24 “(1) in the Service;

1 “(2) in a program of an Indian Tribe or Tribal
2 Organization conducted under the Indian Self-Deter-
3 mination and Education Assistance Act (including
4 programs under agreements with the Bureau of In-
5 dian Affairs);

6 “(3) in a program assisted under title V of this
7 Act; or

8 “(4) in the private practice of nursing if, as de-
9 termined by the Secretary, in accordance with guide-
10 lines promulgated by the Secretary, such practice is
11 situated in a physician or other health shortage area
12 and addresses the health care needs of a substantial
13 number of Indians.

14 **“SEC. 116. TRIBAL CULTURAL ORIENTATION.**

15 “(a) CULTURAL EDUCATION OF EMPLOYEES.—The
16 Secretary, acting through the Service, shall require that
17 appropriate employees of the Service who serve Indian
18 Tribes in each Service Area receive educational instruction
19 in the history and culture of such Indian Tribes and their
20 relationship to the Service.

21 “(b) PROGRAM.—In carrying out subsection (a), the
22 Secretary shall establish a program which shall, to the ex-
23 tent feasible—

1 “(1) be developed in consultation with the af-
2 fected Indian Tribes, Tribal Organizations, and
3 Urban Indian Organizations;

4 “(2) be carried out through tribal colleges or
5 universities;

6 “(3) include instruction in American Indian
7 studies; and

8 “(4) describe the use and place of Traditional
9 Health Care Practices of the Indian Tribes in the
10 Service Area.

11 **“SEC. 117. INMED PROGRAM.**

12 “(a) GRANTS AUTHORIZED.—The Secretary, acting
13 through the Service, is authorized to provide grants to col-
14 leges and universities for the purpose of maintaining and
15 expanding the Indian health careers recruitment program
16 known as the ‘Indians Into Medicine Program’ (herein-
17 after in this section referred to as ‘INMED’) as a means
18 of encouraging Indians to enter the health professions.

19 “(b) QUENTIN N. BURDICK GRANT.—The Secretary
20 shall provide one of the grants authorized under sub-
21 section (a) to maintain the INMED program at the Uni-
22 versity of North Dakota, to be known as the ‘Quentin N.
23 Burdick Indian Health Programs’, unless the Secretary
24 makes a determination, based upon program reviews, that
25 the program is not meeting the purposes of this section.

1 Such program shall, to the maximum extent feasible, co-
2 ordinate with the Quentin N. Burdick American Indians
3 Into Psychology Program established under section 105(b)
4 and the Quentin N. Burdick American Indians Into Nurs-
5 ing Program established under section 115.

6 “(c) REGULATIONS.—The Secretary, pursuant to this
7 Act, shall develop regulations to govern grants pursuant
8 to this section.

9 “(d) REQUIREMENTS.—Applicants for grants pro-
10 vided under this section shall agree to provide a program
11 which—

12 “(1) provides outreach and recruitment for
13 health professions to Indian communities, including
14 elementary and secondary schools and community
15 colleges located on reservations, which will be served
16 by the program;

17 “(2) incorporates a program advisory board
18 comprised of representatives from the Indian Tribes
19 and Indian communities which will be served by the
20 program;

21 “(3) provides summer preparatory programs for
22 Indian students who need enrichment in the subjects
23 of math and science in order to pursue training in
24 the health professions;

1 “(4) provides tutoring, counseling, and support
2 to students who are enrolled in a health career pro-
3 gram of study at the respective college or university;
4 and

5 “(5) to the maximum extent feasible, employs
6 qualified Indians in the program.

7 **“SEC. 118. HEALTH TRAINING PROGRAMS OF COMMUNITY**
8 **COLLEGES.**

9 “(a) GRANTS TO ESTABLISH PROGRAMS.—

10 “(1) IN GENERAL.—The Secretary, acting
11 through the Service, shall award grants to accredited
12 and accessible community colleges for the purpose of
13 assisting such community colleges in the establish-
14 ment of programs which provide education in a
15 health profession leading to a degree or diploma in
16 a health profession for individuals who desire to
17 practice such profession on or near a reservation or
18 in an Indian Health Program.

19 “(2) AMOUNT OF GRANTS.—The amount of any
20 grant awarded to a community college under para-
21 graph (1) for the first year in which such a grant
22 is provided to the community college shall not exceed
23 \$100,000.

24 “(b) GRANTS FOR MAINTENANCE AND RECRUIT-
25 ING.—

1 “(1) IN GENERAL.—The Secretary, acting
2 through the Service, shall award grants to accredited
3 and accessible community colleges that have estab-
4 lished a program described in subsection (a)(1) for
5 the purpose of maintaining the program and recruit-
6 ing students for the program.

7 “(2) REQUIREMENTS.—Grants may only be
8 made under this section to a community college
9 which—

10 “(A) is accredited;

11 “(B) has a relationship with a hospital fa-
12 cility, Service facility, or hospital that could
13 provide training of nurses or health profes-
14 sionals;

15 “(C) has entered into an agreement with
16 an accredited college or university medical
17 school, the terms of which—

18 “(i) provide a program that enhances
19 the transition and recruitment of students
20 into advanced baccalaureate or graduate
21 programs which train health professionals;
22 and

23 “(ii) stipulate certifications necessary
24 to approve internship and field placement
25 opportunities at Indian Health Programs;

1 “(D) has a qualified staff which has the
2 appropriate certifications;

3 “(E) is capable of obtaining State or re-
4 gional accreditation of the program described in
5 subsection (a)(1); and

6 “(F) agrees to provide for Indian pref-
7 erence for applicants for programs under this
8 section.

9 “(c) TECHNICAL ASSISTANCE.—The Secretary shall
10 encourage community colleges described in subsection
11 (b)(2) to establish and maintain programs described in
12 subsection (a)(1) by—

13 “(1) entering into agreements with such col-
14 leges for the provision of qualified personnel of the
15 Service to teach courses of study in such programs;
16 and

17 “(2) providing technical assistance and support
18 to such colleges.

19 “(d) ADVANCED TRAINING.—

20 “(1) REQUIRED.—Any program receiving as-
21 sistance under this section that is conducted with re-
22 spect to a health profession shall also offer courses
23 of study which provide advanced training for any
24 health professional who—

1 “(A) has already received a degree or di-
2 ploma in such health profession; and

3 “(B) provides clinical services on or near a
4 reservation or for an Indian Health Program.

5 “(2) MAY BE OFFERED AT ALTERNATE SITE.—

6 Such courses of study may be offered in conjunction
7 with the college or university with which the commu-
8 nity college has entered into the agreement required
9 under subsection (b)(2)(C).

10 “(e) FUNDING PRIORITY.—Where the requirements
11 of subsection (b) are met, funding priority shall be pro-
12 vided to tribal colleges and universities in Service Areas
13 where they exist.

14 **“SEC. 119. RETENTION BONUS.**

15 “(a) BONUS AUTHORIZED.—The Secretary may pay
16 a retention bonus to any health professional employed by,
17 or assigned to, and serving in, an Indian Health Program
18 or Urban Indian Organization either as a civilian employee
19 or as a commissioned officer in the Regular or Reserve
20 Corps of the Public Health Service who—

21 “(1) is assigned to, and serving in, a position
22 for which recruitment or retention of personnel is
23 difficult;

1 “(2) the Secretary determines is needed by In-
2 dian Health Programs and Urban Indian Organiza-
3 tions;

4 “(3) has—

5 “(A) completed 3 years of employment
6 with an Indian Health Program or Urban In-
7 dian Organization; or

8 “(B) completed any service obligations in-
9 curred as a requirement of—

10 “(i) any Federal scholarship program;

11 or

12 “(ii) any Federal education loan re-
13 payment program; and

14 “(4) enters into an agreement with an Indian
15 Health Program or Urban Indian Organization for
16 continued employment for a period of not less than
17 1 year.

18 “(b) RATES.—The Secretary may establish rates for
19 the retention bonus which shall provide for a higher an-
20 nual rate for multiyear agreements than for single year
21 agreements referred to in subsection (a)(4), but in no
22 event shall the annual rate be more than \$25,000 per
23 annum.

24 “(c) DEFAULT OF RETENTION AGREEMENT.—Any
25 health professional failing to complete the agreed upon

1 term of service, except where such failure is through no
2 fault of the individual, shall be obligated to refund to the
3 Government the full amount of the retention bonus for the
4 period covered by the agreement, plus interest as deter-
5 mined by the Secretary in accordance with section
6 110(l)(2)(B).

7 “(d) OTHER RETENTION BONUS.—The Secretary
8 may pay a retention bonus to any health professional em-
9 ployed by a Tribal Health Program if such health profes-
10 sional is serving in a position which the Secretary deter-
11 mines is—

12 “(1) a position for which recruitment or reten-
13 tion is difficult; and

14 “(2) necessary for providing health care services
15 to Indians.

16 **“SEC. 120. NURSING RESIDENCY PROGRAM.**

17 “(a) ESTABLISHMENT OF PROGRAM.—The Sec-
18 retary, acting through the Service, shall establish a pro-
19 gram to enable Indians who are licensed practical nurses,
20 licensed vocational nurses, and registered nurses who are
21 working in an Indian Health Program or Urban Indian
22 Organization, and have done so for a period of not less
23 than 1 year, to pursue advanced training. Such program
24 shall include a combination of education and work study
25 in an Indian Health Program or Urban Indian Organiza-

1 tion leading to an associate or bachelor's degree (in the
2 case of a licensed practical nurse or licensed vocational
3 nurse), a bachelor's degree (in the case of a registered
4 nurse), or advanced degrees or certification in nursing and
5 public health.

6 “(b) SERVICE OBLIGATION.—An individual who par-
7 ticipates in a program under subsection (a), where the
8 educational costs are paid by the Service, shall incur an
9 obligation to serve in an Indian Health Program or Urban
10 Indian Organization for a period of obligated service equal
11 to the amount of time during which the individual partici-
12 pates in such program. In the event that the individual
13 fails to complete such obligated service, the United States
14 shall be entitled to recover from such individual an amount
15 determined in accordance with the formula specified in
16 subsection (l) of section 110 in the manner provided for
17 in such subsection.

18 **“SEC. 121. COMMUNITY HEALTH AIDE PROGRAM FOR ALAS-**

19 **KA.**

20 “(a) GENERAL PURPOSES OF PROGRAM.—Under the
21 authority of the Act of November 2, 1921 (25 U.S.C. 13)
22 (commonly known as the ‘Snyder Act’), the Secretary, act-
23 ing through the Service, shall develop and operate a Com-
24 munity Health Aide Program in Alaska under which the
25 Service—

1 “(1) provides for the training of Alaska Natives
2 as health aides or community health practitioners;

3 “(2) uses such aides or practitioners in the pro-
4 vision of health care, health promotion, and disease
5 prevention services to Alaska Natives living in vil-
6 lages in rural Alaska; and

7 “(3) provides for the establishment of tele-
8 conferencing capacity in health clinics located in or
9 near such villages for use by community health aides
10 or community health practitioners.

11 “(b) SPECIFIC PROGRAM REQUIREMENTS.—The Sec-
12 retary, acting through the Community Health Aide Pro-
13 gram of the Service, shall—

14 “(1) using trainers accredited by the Program,
15 provide a high standard of training to community
16 health aides and community health practitioners to
17 ensure that such aides and practitioners provide
18 quality health care, health promotion, and disease
19 prevention services to the villages served by the Pro-
20 gram;

21 “(2) in order to provide such training, develop
22 a curriculum that—

23 “(A) combines education in the theory of
24 health care with supervised practical experience
25 in the provision of health care;

1 “(B) provides instruction and practical ex-
2 perience in the provision of acute care, emer-
3 gency care, health promotion, disease preven-
4 tion, and the efficient and effective manage-
5 ment of clinic pharmacies, supplies, equipment,
6 and facilities; and

7 “(C) promotes the achievement of the
8 health status objectives specified in section
9 3(2);

10 “(3) establish and maintain a Community
11 Health Aide Certification Board to certify as com-
12 munity health aides or community health practi-
13 tioners individuals who have successfully completed
14 the training described in paragraph (1) or can dem-
15 onstrate equivalent experience;

16 “(4) develop and maintain a system which iden-
17 tifies the needs of community health aides and com-
18 munity health practitioners for continuing education
19 in the provision of health care, including the areas
20 described in paragraph (2)(B), and develop pro-
21 grams that meet the needs for such continuing edu-
22 cation;

23 “(5) develop and maintain a system that pro-
24 vides close supervision of community health aides
25 and community health practitioners; and

1 “(6) develop a system under which the work of
2 community health aides and community health prac-
3 titioners is reviewed and evaluated to assure the pro-
4 vision of quality health care, health promotion, and
5 disease prevention services.

6 “(c) NATIONAL COMMUNITY HEALTH AIDE PRO-
7 GRAM.—The Secretary, acting through the Service, shall
8 develop and promulgate regulations to operate a national
9 Community Health Aide Program consistent with the re-
10 quirements of this section without reducing funds for the
11 Community Health Aide Program for Alaska.

12 **“SEC. 122. TRIBAL HEALTH PROGRAM ADMINISTRATION.**

13 “The Secretary, acting through the Service, shall, by
14 funding agreement or otherwise, provide training for Indi-
15 ans in the administration and planning of Tribal Health
16 Programs.

17 **“SEC. 123. HEALTH PROFESSIONAL CHRONIC SHORTAGE**
18 **DEMONSTRATION PROGRAMS.**

19 “(a) DEMONSTRATION PROGRAMS AUTHORIZED.—
20 The Secretary, acting through the Service, may fund dem-
21 onstration programs for Tribal Health Programs to ad-
22 dress the chronic shortages of health professionals.

23 “(b) PURPOSES OF PROGRAMS.—The purposes of
24 demonstration programs funded under subsection (a) shall
25 be—

“(1) to provide direct clinical and practical experience at a Service Unit to health profession students and residents from medical schools;

“(2) to improve the quality of health care for
Indians by assuring access to qualified health care
professionals; and

7 “(3) to provide academic and scholarly opportu-
8 nities for health professionals serving Indians by
9 identifying all academic and scholarly resources of
10 the region.

“(c) ADVISORY BOARD.—The demonstration programs established pursuant to subsection (a) shall incorporate a program advisory board composed of representatives from the Indian Tribes and Indian communities in the area which will be served by the program.

16 "SEC. 124. TREATMENT OF SCHOLARSHIPS FOR CERTAIN
17 PURPOSES.

18 “Scholarships provided to individuals pursuant to
19 this title shall be deemed ‘qualified Scholarships’ for pur-
20 poses of section 11 of the Internal Revenue Code of 1986.

21 **“SEC. 125. NATIONAL HEALTH SERVICE CORPS.**

22 “(a) NO REDUCTION IN SERVICES.—The Secretary
23 shall not—

1 “(1) remove a member of the National Health
2 Service Corps from an Indian Health Program or
3 Urban Indian Organization; or

4 “(2) withdraw funding used to support such
5 member;

6 unless the Secretary, acting through the Service, Indian
7 Tribes, or Tribal Organizations, has ensured that the Indi-
8 ans receiving services from such member will experience
9 no reduction in services.

10 “(b) EXEMPTION FROM LIMITATIONS.—National
11 Health Service Corps scholars qualifying for the Commis-
12 sioned Corps in the United States Public Health Service
13 shall be exempt from the full-time equivalent limitations
14 of the National Health Service Corps and the Service
15 when serving as a commissioned corps officer in a Tribal
16 Health Program or an Urban Indian Organization.

17 **“SEC. 126. SUBSTANCE ABUSE COUNSELOR EDUCATIONAL**
18 **CURRICULA DEMONSTRATION PROGRAMS.**

19 “(a) GRANTS AND CONTRACTS.—The Secretary, act-
20 ing through the Service, may enter into contracts with,
21 or make grants to, accredited tribal colleges and univer-
22 sities and eligible accredited and accessible community col-
23 leges to establish demonstration programs to develop edu-
24 cational curricula for substance abuse counseling.

1 “(b) USE OF FUNDS.—Funds provided under this
2 section shall be used only for developing and providing
3 educational curriculum for substance abuse counseling (in-
4 cluding paying salaries for instructors). Such curricula
5 may be provided through satellite campus programs.

6 “(c) TIME PERIOD OF ASSISTANCE; RENEWAL.—A
7 contract entered into or a grant provided under this sec-
8 tion shall be for a period of 1 year. Such contract or grant
9 may be renewed for an additional 1-year period upon the
10 approval of the Secretary.

11 “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
12 PPLICATIONS.—Not later than 180 days after the date of
13 the enactment of the Indian Health Care Improvement
14 Act Amendments of 2004, the Secretary, after consulta-
15 tion with Indian Tribes and administrators of tribal col-
16 leges and universities and eligible accredited and acces-
17 sible community colleges, shall develop and issue criteria
18 for the review and approval of applications for funding (in-
19 cluding applications for renewals of funding) under this
20 section. Such criteria shall ensure that demonstration pro-
21 grams established under this section promote the develop-
22 ment of the capacity of such entities to educate substance
23 abuse counselors.

24 “(e) ASSISTANCE.—The Secretary shall provide such
25 technical and other assistance as may be necessary to en-

1 able grant recipients to comply with the provisions of this
2 section.

3 “(f) REPORT.—Each fiscal year, the Secretary shall
4 submit to the President, for inclusion in the report which
5 is required to be submitted under section 801 for that fis-
6 cal year, a report on the findings and conclusions derived
7 from the demonstration programs conducted under this
8 section during that fiscal year.

9 “(g) DEFINITION.—For the purposes of this section,
10 the term ‘educational curriculum’ means 1 or more of the
11 following:

12 “(1) Classroom education.

13 “(2) Clinical work experience.

14 “(3) Continuing education workshops.

15 **“SEC. 127. BEHAVIORAL HEALTH TRAINING AND COMMU-**
16 **NITY EDUCATION PROGRAMS.**

17 “(a) STUDY; LIST.—The Secretary, acting through
18 the Service, and the Secretary of the Interior, in consulta-
19 tion with Indian Tribes and Tribal Organizations, shall
20 conduct a study and compile a list of the types of staff
21 positions specified in subsection (b) whose qualifications
22 include, or should include, training in the identification,
23 prevention, education, referral, or treatment of mental ill-
24 ness, or dysfunctional and self destructive behavior.

1 “(b) POSITIONS.—The positions referred to in sub-
2 section (a) are—

3 “(1) staff positions within the Bureau of Indian
4 Affairs, including existing positions, in the fields
5 of—

6 “(A) elementary and secondary education;

7 “(B) social services and family and child
8 welfare;

9 “(C) law enforcement and judicial services;
10 and

11 “(D) alcohol and substance abuse;

12 “(2) staff positions within the Service; and

13 “(3) staff positions similar to those identified in
14 paragraphs (1) and (2) established and maintained
15 by Indian Tribes, Tribal Organizations, (without re-
16 gard to the funding source) and Urban Indian Orga-
17 nizations.

18 “(c) TRAINING CRITERIA.—

19 “(1) IN GENERAL.—The appropriate Secretary
20 shall provide training criteria appropriate to each
21 type of position identified in subsection (b)(1) and
22 (b)(2) and ensure that appropriate training has
23 been, or shall be provided to any individual in any
24 such position. With respect to any such individual in
25 a position identified pursuant to subsection (b)(3),

1 the respective Secretaries shall provide appropriate
2 training to, or provide funds to, an Indian Tribe,
3 Tribal Organization, or Urban Indian Organization
4 for training of appropriate individuals. In the case of
5 positions funded under a funding agreement, the ap-
6 propriate Secretary shall ensure that funds to cover
7 the costs of such training costs are included in the
8 funding agreement.

9 “(2) POSITION SPECIFIC TRAINING CRITERIA.—
10 Position specific training criteria shall be culturally
11 relevant to Indians and Indian Tribes and shall en-
12 sure that appropriate information regarding Tradi-
13 tional Health Care Practices is provided.

14 “(d) COMMUNITY EDUCATION ON MENTAL ILL-
15 NESS.—The Service shall develop and implement, on re-
16 quest of an Indian Tribe, Tribal Organization, or Urban
17 Indian Organization, or assist the Indian Tribe, Tribal Or-
18 ganization, or Urban Indian Organization to develop and
19 implement, a program of community education on mental
20 illness. In carrying out this subsection, the Service shall,
21 upon request of an Indian Tribe, Tribal Organization, or
22 Urban Indian Organization, provide technical assistance
23 to the Indian Tribe, Tribal Organization, or Urban Indian
24 Organization to obtain and develop community edu-
25 cational materials on the identification, prevention, refer-

1 ral, and treatment of mental illness and dysfunctional and
2 self-destructive behavior.

3 “(e) PLAN.—Not later than 90 days after the date
4 of the enactment of the Indian Health Care Improvement
5 Act Amendments of 2004, the Secretary shall develop a
6 plan under which the Service will increase the health care
7 staff providing behavioral health services by at least 500
8 positions within 5 years after the date of the enactment
9 of this section, with at least 200 of such positions devoted
10 to child, adolescent, and family services. The plan devel-
11 oped under this subsection shall be implemented under the
12 Act of November 2, 1921 (25 U.S.C. 13) (commonly
13 known as the ‘Snyder Act’).

14 **“SEC. 128. AUTHORIZATION OF APPROPRIATIONS.**

15 “There are authorized to be appropriated such sums
16 as may be necessary for each fiscal year through fiscal
17 year 2015 to carry out this title.

18 **“TITLE II—HEALTH SERVICES**

19 **“SEC. 201. INDIAN HEALTH CARE IMPROVEMENT FUND.**

20 “(a) USE OF FUNDS.—The Secretary, acting through
21 the Service, is authorized to expend funds, directly or
22 under the authority of the Indian Self-Determination and
23 Education Assistance Act, which are appropriated under
24 the authority of this section, for the purposes of—

1 “(1) eliminating the deficiencies in health sta-
2 tus and health resources of all Indian Tribes;

3 “(2) eliminating backlogs in the provision of
4 health care services to Indians;

5 “(3) meeting the health needs of Indians in an
6 efficient and equitable manner, including the use of
7 telehealth and telemedicine when appropriate;

8 “(4) eliminating inequities in funding for both
9 direct care and contract health service programs;
10 and

11 “(5) augmenting the ability of the Service to
12 meet the following health service responsibilities with
13 respect to those Indian Tribes with the highest levels
14 of health status deficiencies and resource defi-
15 ciencies:

16 “(A) Clinical care, including, but not lim-
17 ited to, inpatient care, outpatient care (includ-
18 ing audiology, clinical eye, and vision care), pri-
19 mary care, secondary and tertiary care, and
20 long-term care.

21 “(B) Preventive health, including mam-
22 mography and other cancer screening in accord-
23 ance with section 207.

24 “(C) Dental care.

1 “(D) Mental health, including community
2 mental health services, inpatient mental health
3 services, dormitory mental health services,
4 therapeutic and residential treatment centers,
5 and training of traditional health care practi-
6 tioners.

7 “(E) Emergency medical services.

8 “(F) Treatment and control of, and reha-
9 bitative care related to, alcoholism and drug
10 abuse (including fetal alcohol syndrome) among
11 Indians.

12 “(G) Accident prevention programs.

13 “(H) Home health care.

14 “(I) Community health representatives.

15 “(J) Maintenance and repair.

16 “(K) Traditional Health Care Practices.

17 “(b) NO OFFSET OR LIMITATION.—Any funds appro-
18 priated under the authority of this section shall not be
19 used to offset or limit any other appropriations made to
20 the Service under this Act or the Act of November 2, 1921
21 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’),
22 or any other provision of law.

23 “(c) ALLOCATION; USE.—

24 “(1) IN GENERAL.—Funds appropriated under
25 the authority of this section shall be allocated to

1 Service Units, Indian Tribes, or Tribal Organiza-
2 tions. The funds allocated to each Indian Tribe,
3 Tribal Organization, or Service Unit under this
4 paragraph shall be used by the Indian Tribe, Tribal
5 Organization, or Service Unit under this paragraph
6 to improve the health status and reduce the resource
7 deficiency of each Indian Tribe served by such Serv-
8 ice Unit, Indian Tribe, or Tribal Organization.

9 “(2) APPORTIONMENT OF ALLOCATED
10 FUNDS.—The apportionment of funds allocated to a
11 Service Unit, Indian Tribe, or Tribal Organization
12 under paragraph (1) among the health service re-
13 sponsibilities described in subsection (a)(5) shall be
14 determined by the Service in consultation with, and
15 with the active participation of, the affected Indian
16 Tribes and Tribal Organizations.

17 “(d) PROVISIONS RELATING TO HEALTH STATUS
18 AND RESOURCE DEFICIENCIES.—For the purposes of this
19 section, the following definitions apply:

20 “(1) DEFINITION.—The term ‘health status
21 and resource deficiency’ means the extent to
22 which—

23 “(A) the health status objectives set forth
24 in section 3(2) are not being achieved; and

1 “(B) the Indian Tribe or Tribal Organiza-
2 tion does not have available to it the health re-
3 sources it needs, taking into account the actual
4 cost of providing health care services given local
5 geographic, climatic, rural, or other cir-
6 cumstances.

7 “(2) AVAILABLE RESOURCES.—The health re-
8 sources available to an Indian Tribe or Tribal Orga-
9 nization include health resources provided by the
10 Service as well as health resources used by the In-
11 dian Tribe or Tribal Organization, including services
12 and financing systems provided by any Federal pro-
13 grams, private insurance, and programs of State or
14 local governments.

15 “(3) PROCESS FOR REVIEW OF DETERMINA-
16 TIONS.—The Secretary shall establish procedures
17 which allow any Indian Tribe or Tribal Organization
18 to petition the Secretary for a review of any deter-
19 mination of the extent of the health status and re-
20 source deficiency of such Indian Tribe or Tribal Or-
21 ganization.

22 “(e) ELIGIBILITY FOR FUNDS.—Tribal Health Pro-
23 grams shall be eligible for funds appropriated under the
24 authority of this section on an equal basis with programs
25 that are administered directly by the Service.

1 “(f) REPORT.—By no later than the date that is 3
2 years after the date of the enactment of the Indian Health
3 Care Improvement Act Amendments of 2004, the Sec-
4 retary shall submit to Congress the current health status
5 and resource deficiency report of the Service for each
6 Service Unit, including newly recognized or acknowledged
7 Indian Tribes. Such report shall set out—

8 “(1) the methodology then in use by the Service
9 for determining Tribal health status and resource
10 deficiencies, as well as the most recent application of
11 that methodology;

12 “(2) the extent of the health status and re-
13 source deficiency of each Indian Tribe served by the
14 Service or a Tribal Health Program;

15 “(3) the amount of funds necessary to eliminate
16 the health status and resource deficiencies of all In-
17 dian Tribes served by the Service or a Tribal Health
18 Program; and

19 “(4) an estimate of—

20 “(A) the amount of health service funds
21 appropriated under the authority of this Act, or
22 any other Act, including the amount of any
23 funds transferred to the Service for the pre-
24 ceding fiscal year which is allocated to each

1 Service Unit, Indian Tribe, or Tribal Organiza-
2 tion;

3 “(B) the number of Indians eligible for
4 health services in each Service Unit or Indian
5 Tribe or Tribal Organization; and

6 “(C) the number of Indians using the
7 Service resources made available to each Service
8 Unit, Indian Tribe or Tribal Organization, and,
9 to the extent available, information on the wait-
10 ing lists and number of Indians turned away for
11 services due to lack of resources.

12 “(g) INCLUSION IN BASE BUDGET.—Funds appro-
13 priated under this section for any fiscal year shall be in-
14 cluded in the base budget of the Service for the purpose
15 of determining appropriations under this section in subse-
16 quent fiscal years.

17 “(h) CLARIFICATION.—Nothing in this section is in-
18 tended to diminish the primary responsibility of the Serv-
19 ice to eliminate existing backlogs in unmet health care
20 needs, nor are the provisions of this section intended to
21 discourage the Service from undertaking additional efforts
22 to achieve equity among Indian Tribes and Tribal Organi-
23 zations.

1 “(i) FUNDING DESIGNATION.—Any funds appro-
2 priated under the authority of this section shall be des-
3 ignated as the ‘Indian Health Care Improvement Fund’.

4 **“SEC. 202. CATASTROPHIC HEALTH EMERGENCY FUND.**

5 “(a) ESTABLISHMENT.—There is hereby established
6 an Indian Catastrophic Health Emergency Fund (here-
7 after in this section referred to as the ‘CHEF’) consisting
8 of—

9 “(1) the amounts deposited under subsection
10 (f); and

11 “(2) the amounts appropriated to CHEF’ under
12 this section.

13 “(b) ADMINISTRATION.—CHEF’ shall be adminis-
14 tered by the Secretary, acting through the central office
15 of the Service, solely for the purpose of meeting the ex-
16 traordinary medical costs associated with the treatment of
17 victims of disasters or catastrophic illnesses who are with-
18 in the responsibility of the Service.

19 “(c) CONDITIONS ON USE OF FUND.—No part of
20 CHEF’ or its administration shall be subject to contract
21 or grant under any law, including the Indian Self-Deter-
22 mination and Education Assistance Act, nor shall CHEF
23 funds be allocated, apportioned, or delegated on an Area
24 Office, Service Unit, or other similar basis.

1 “(d) REGULATIONS.—The Secretary shall, through
2 the negotiated rulemaking process under title VIII, pro-
3 mulgate regulations consistent with the provisions of this
4 section to—

5 “(1) establish a definition of disasters and cata-
6 strophic illnesses for which the cost of the treatment
7 provided under contract would qualify for payment
8 from CHEF;

9 “(2) provide that a Service Unit shall not be el-
10 ible for reimbursement for the cost of treatment
11 from CHEF until its cost of treating any victim of
12 such catastrophic illness or disaster has reached a
13 certain threshold cost which the Secretary shall es-
14 tablish at—

15 “(A) the 2000 level of \$19,000; and

16 “(B) for any subsequent year, not less
17 than the threshold cost of the previous year in-
18 creased by the percentage increase in the med-
19 ical care expenditure category of the consumer
20 price index for all urban consumers (United
21 States city average) for the 12-month period
22 ending with December of the previous year;

23 “(3) establish a procedure for the reimburse-
24 ment of the portion of the costs that exceeds such
25 threshold cost incurred by—

1 “(A) Service Units; or

2 “(B) whenever otherwise authorized by the
3 Service, non-Service facilities or providers;

4 “(4) establish a procedure for payment from
5 CHEF in cases in which the exigencies of the med-
6 ical circumstances warrant treatment prior to the
7 authorization of such treatment by the Service; and

8 “(5) establish a procedure that will ensure that
9 no payment shall be made from CHEF to any pro-
10 vider of treatment to the extent that such provider
11 is eligible to receive payment for the treatment from
12 any other Federal, State, local, or private source of
13 reimbursement for which the patient is eligible.

14 “(e) NO OFFSET OR LIMITATION.—Amounts appro-
15 priated to CHEF under this section shall not be used to
16 offset or limit appropriations made to the Service under
17 the authority of the Act of November 2, 1921 (25 U.S.C.
18 13) (commonly known as the ‘Snyder Act’), or any other
19 law.

20 “(f) DEPOSIT OF REIMBURSEMENT FUNDS.—There
21 shall be deposited into CHEF all reimbursements to which
22 the Service is entitled from any Federal, State, local, or
23 private source (including third party insurance) by reason
24 of treatment rendered to any victim of a disaster or cata-
25 strophic illness the cost of which was paid from CHEF.

1 **“SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION**
2 **SERVICES.**

3 “(a) FINDINGS.—Congress finds that health pro-
4 motion and disease prevention activities—

5 “(1) improve the health and well-being of Indi-
6 ans; and

7 “(2) reduce the expenses for health care of In-
8 dians.

9 “(b) PROVISION OF SERVICES.—The Secretary, act-
10 ing through the Service and Tribal Health Programs, shall
11 provide health promotion and disease prevention services
12 to Indians to achieve the health status objectives set forth
13 in section 3(2).

14 “(c) EVALUATION.—The Secretary, after obtaining
15 input from the affected Tribal Health Programs, shall
16 submit to the President for inclusion in each report which
17 is required to be submitted to Congress under section 801
18 an evaluation of—

19 “(1) the health promotion and disease preven-
20 tion needs of Indians;

21 “(2) the health promotion and disease preven-
22 tion activities which would best meet such needs;

23 “(3) the internal capacity of the Service and
24 Tribal Health Programs to meet such needs; and

25 “(4) the resources which would be required to
26 enable the Service and Tribal Health Programs to

1 undertake the health promotion and disease preven-
2 tion activities necessary to meet such needs.

3 **“SEC. 204. DIABETES PREVENTION, TREATMENT, AND CON-**
4 **TROL.**

5 “(a) DETERMINATIONS REGARDING DIABETES.—
6 The Secretary, acting through the Service, and in con-
7 sultation with Indian Tribes and Tribal Organizations,
8 shall determine—

9 “(1) by an Indian Tribe, Tribal Organization,
10 and by Service Unit, the incidence of, and the types
11 of complications resulting from, diabetes among In-
12 dians; and

13 “(2) based on the determinations made pursu-
14 ant to paragraph (1), the measures (including pa-
15 tient education and effective ongoing monitoring of
16 disease indicators) each Service Unit should take to
17 reduce the incidence of, and prevent, treat, and con-
18 trol the complications resulting from, diabetes
19 among Indian Tribes within that Service Unit.

20 “(b) DIABETES SCREENING.—To the extent medi-
21 cally indicated and with informed consent, the Secretary
22 shall screen each Indian who receives services from the
23 Service for diabetes and for conditions which indicate a
24 high risk that the individual will become diabetic and, in
25 consultation with Indian Tribes, Urban Indian Organiza-

1 tions, and appropriate health care providers, establish a
2 cost-effective approach to ensure ongoing monitoring of
3 disease indicators. Such screening and monitoring may be
4 conducted by a Tribal Health Program and may be con-
5 ducted through appropriate Internet-based health care
6 management programs.

7 “(c) FUNDING FOR DIABETES.—The Secretary shall
8 continue to fund each model diabetes project in existence
9 on the date of the enactment of the Indian Health Care
10 Improvement Amendments Act of 2004, any such other
11 diabetes programs operated by the Service or Tribal
12 Health Programs, and any additional diabetes projects,
13 such as the Medical Vanguard program provided for in
14 title IV of Public Law 108–87, as implemented to serve
15 Indian Tribes. Tribal Health Programs shall receive recur-
16 ring funding for the diabetes projects that they operate
17 pursuant to this section, both at the date of enactment
18 of the Indian Health Care Improvement Act Amendments
19 of 2004 and for projects which are added and funded
20 thereafter.

21 “(d) FUNDING FOR DIALYSIS PROGRAMS.—The Sec-
22 retary shall provide funding through the Service, Indian
23 Tribes, and Tribal Organizations to establish dialysis pro-
24 grams, including funding to purchase dialysis equipment
25 and provide necessary staffing.

1 “(e) OTHER DUTIES OF THE SECRETARY.—The Sec-
2 retary shall, to the extent funding is available—

3 “(1) in each Area Office, consult with Indian
4 Tribes and Tribal Organizations regarding programs
5 for the prevention, treatment, and control of diabe-
6 tes;

7 “(2) establish in each Area Office a registry of
8 patients with diabetes to track the incidence of dia-
9 betes and the complications from diabetes in that
10 area; and

11 “(3) ensure that data collected in each Area Of-
12 fice regarding diabetes and related complications
13 among Indians are disseminated to all other Area
14 Offices, subject to applicable patient privacy laws.

15 **“SEC. 205. SHARED SERVICES FOR LONG-TERM CARE.**

16 “(a) FUNDING AGREEMENTS FOR LONG-TERM
17 CARE.—Notwithstanding any other provisions of law, the
18 Secretary, acting through the Service, is authorized to
19 enter into Funding Agreements or other arrangements
20 with Indian Tribes or Tribal Organizations for the delivery
21 of long-term care and similar services to Indians. Such
22 funding agreements or other arrangements shall provide
23 for the sharing of staff or other services between the Serv-
24 ice or a Tribal Health Program and a long-term care or
25 other similar facility owned and operated (directly or

1 through a Funding Agreement) by such Indian Tribe or
2 Tribal Organization.

3 “(b) CONTENTS OF FUNDING AGREEMENTS.—A
4 Funding Agreement or other arrangement entered into
5 pursuant to subsection (a)—

6 “(1) may, at the request of the Indian Tribe or
7 Tribal Organization, delegate to such Indian Tribe
8 or Tribal Organization such powers of supervision
9 and control over Service employees as the Secretary
10 deems necessary to carry out the purposes of this
11 section;

12 “(2) shall provide that expenses (including sala-
13 ries) relating to services that are shared between the
14 Service and the Tribal Health Program be allocated
15 proportionately between the Service and the Indian
16 Tribe or Tribal Organization; and

17 “(3) may authorize such Indian Tribe or Tribal
18 Organization to construct, renovate, or expand a
19 long-term care or other similar facility (including the
20 construction of a facility attached to a Service facil-
21 ity).

22 “(c) MINIMUM REQUIREMENT.—Any nursing facility
23 provided for under this section shall meet the require-
24 ments for nursing facilities under section 1919 of the So-
25 cial Security Act.

1 “(d) OTHER ASSISTANCE.—The Secretary shall pro-
2 vide such technical and other assistance as may be nec-
3 essary to enable applicants to comply with the provisions
4 of this section.

“(e) USE OF EXISTING OR UNDERUSED FACILITIES.—The Secretary shall encourage the use of existing facilities that are underused or allow the use of swing beds for long-term or similar care.

9 “SEC. 206. HEALTH SERVICES RESEARCH.

10 “The Secretary, acting through the Service, shall
11 make funding available for research to further the per-
12 formance of the health service responsibilities of Indian
13 Health Programs and shall coordinate the activities of
14 other agencies within the Department to address these re-
15 search needs. Tribal Health Programs shall be given an
16 equal opportunity to compete for, and receive, research
17 funds under this section. This funding may be used for
18 both clinical and nonclinical research.

19 "SEC. 207. MAMMOGRAPHY AND OTHER CANCER SCREEN-
20 ING.

21 “The Secretary, acting through the Service or Tribal
22 Health Programs, shall provide for screening as follows:

1 women under national standards, such as those of
2 the National Cancer Institute for the National Insti-
3 tutes for Health, and under such terms and condi-
4 tions as are consistent with standards established by
5 the Secretary to ensure the safety and accuracy of
6 screening mammography under part B of title XVIII
7 of such Act.

8 “(2) Other cancer screening meeting national
9 standards, such as those of the National Cancer In-
10 stitute.

11 **“SEC. 208. PATIENT TRAVEL COSTS.**

12 “The Secretary, acting through the Service and Trib-
13 al Health Programs, shall provide funds for the following
14 patient travel costs, including appropriate and necessary
15 qualified escorts, associated with receiving health care
16 services provided (either through direct or contract care
17 or through Funding Agreements) under this Act—

18 “(1) emergency air transportation and non-
19 emergency air transportation where ground trans-
20 portation is infeasible;

21 “(2) transportation by private vehicle (where no
22 other means of transportation is available), specially
23 equipped vehicle, and ambulance; and

1 “(3) transportation by such other means as
2 may be available and required when air or motor ve-
3 hicle transportation is not available.

4 **“SEC. 209. EPIDEMIOLOGY CENTERS.**

5 “(a) ADDITIONAL CENTERS.—In addition to those
6 epidemiology centers already established at the time of en-
7 actment of this Act, (including those for which funding
8 is currently being provided in Funding Agreements), and
9 without reducing the funding levels for such centers, not
10 later than 180 days after the date of the enactment of
11 the Indian Health Care Improvement Act Amendments of
12 2004, the Secretary, acting through the Service, shall es-
13 tablish and fund an epidemiology center in each Service
14 Area which does not yet have one to carry out the func-
15 tions described in subsection (b). Any new centers so es-
16 tablished may be operated by Tribal Health Programs, but
17 such funding shall not be divisible.

18 “(b) FUNCTIONS OF CENTERS.—In consultation with
19 and upon the request of Indian Tribes, Tribal Organiza-
20 tions, and Urban Indian Organizations, each Service Area
21 epidemiology center established under this subsection
22 shall, with respect to such Service Area—

23 “(1) collect data relating to, and monitor
24 progress made toward meeting, each of the health
25 status objectives of the Service, the Indian Tribes,

1 Tribal Organizations, and Urban Indian Organiza-
2 tions in the Service Area;

3 “(2) evaluate existing delivery systems, data
4 systems, and other systems that impact the improve-
5 ment of Indian health;

6 “(3) assist Indian Tribes, Tribal Organizations,
7 and Urban Indian Organizations in identifying their
8 highest priority health status objectives and the
9 services needed to achieve such objectives, based on
10 epidemiological data;

11 “(4) make recommendations for the targeting
12 of services needed by the populations served;

13 “(5) make recommendations to improve health
14 care delivery systems for Indians and Urban Indi-
15 ans;

16 “(6) provide requested technical assistance to
17 Indian Tribes, Tribal Organizations, and Urban In-
18 dian Organizations in the development of local
19 health service priorities and incidence and prevalence
20 rates of disease and other illness in the community;
21 and

22 “(7) provide disease surveillance and assist In-
23 dian Tribes, Tribal Organizations, and Urban Indian
24 Organizations to promote public health.

1 “(c) TECHNICAL ASSISTANCE.—The Director of the
2 Centers for Disease Control and Prevention shall provide
3 technical assistance to the centers in carrying out the re-
4 quirements of this subsection.

5 “(d) FUNDING FOR STUDIES.—The Secretary may
6 make funding available to Indian Tribes, Tribal Organiza-
7 tions, and Urban Indian Organizations to conduct epide-
8 miological studies of Indian communities.

9 **“SEC. 210. COMPREHENSIVE HEALTH EDUCATION PRO-**
10 **GRAMS.**

11 “(a) FUNDING FOR DEVELOPMENT OF PROGRAMS.—
12 The Secretary, acting through the Service, shall provide
13 funding to Indian Tribes, Tribal Organizations, and
14 Urban Indian Organizations to develop comprehensive
15 school health education programs for children from pre-
16 school through grade 12 in schools for the benefit of In-
17 dian and Urban Indian children.

18 “(b) USE OF FUNDS.—Funding provided under this
19 section may be used for purposes which may include, but
20 are not limited to, the following:

21 “(1) Developing and implementing health edu-
22 cation curricula both for regular school programs
23 and afterschool programs.

24 “(2) Training teachers in comprehensive school
25 health education curricula.

1 “(3) Integrating school-based, community-
2 based, and other public and private health promotion
3 efforts.

4 “(4) Encouraging healthy, tobacco-free school
5 environments.

6 “(5) Coordinating school-based health programs
7 with existing services and programs available in the
8 community.

9 “(6) Developing school programs on nutrition
10 education, personal health, oral health, and fitness.

11 “(7) Developing behavioral health wellness pro-
12 grams.

13 “(8) Developing chronic disease prevention pro-
14 grams.

15 “(9) Developing substance abuse prevention
16 programs.

17 “(10) Developing injury prevention and safety
18 education programs.

19 “(11) Developing activities for the prevention
20 and control of communicable diseases.

21 “(12) Developing community and environmental
22 health education programs that include traditional
23 health care practitioners.

24 “(13) Violence prevention.

1 “(14) Such other health issues as are appro-
2 priate.

3 “(c) TECHNICAL ASSISTANCE.—Upon request, the
4 Secretary, acting through the Service, shall provide tech-
5 nical assistance to Indian Tribes, Tribal Organizations,
6 and Urban Indian Organizations in the development of
7 comprehensive health education plans and the dissemina-
8 tion of comprehensive health education materials and in-
9 formation on existing health programs and resources.

10 “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
11 PPLICATIONS.—The Secretary, acting through the Service,
12 and in consultation with Indian Tribes, Tribal Organiza-
13 tions, and Urban Indian Organizations, shall establish cri-
14 teria for the review and approval of applications for fund-
15 ing provided pursuant to this section.

16 “(e) DEVELOPMENT OF PROGRAM FOR BIA FUNDED
17 SCHOOLS.—

18 “(1) IN GENERAL.—The Secretary of the Inte-
19 rior, acting through the Bureau of Indian Affairs
20 and in cooperation with the Secretary, acting
21 through the Service, and affected Indian Tribes and
22 Tribal Organizations, shall develop a comprehensive
23 school health education program for children from
24 preschool through grade 12 in schools for which sup-
25 port is provided by the Bureau of Indian Affairs.

1 “(2) REQUIREMENTS FOR PROGRAMS.—Such
2 programs shall include—

3 “(A) school programs on nutrition edu-
4 cation, personal health, oral health, and fitness;

5 “(B) behavioral health wellness programs;

6 “(C) chronic disease prevention programs;

7 “(D) substance abuse prevention pro-
8 grams;

9 “(E) injury prevention and safety edu-
10 cation programs; and

11 “(F) activities for the prevention and con-
12 trol of communicable diseases.

13 “(3) DUTIES OF THE SECRETARY.—The Sec-
14 retary of the Interior shall—

15 “(A) provide training to teachers in com-
16 prehensive school health education curricula;

17 “(B) ensure the integration and coordina-
18 tion of school-based programs with existing
19 services and health programs available in the
20 community; and

21 “(C) encourage healthy, tobacco-free school
22 environments.

23 **“SEC. 211. INDIAN YOUTH PROGRAM.**

24 “(a) PROGRAM AUTHORIZED.—The Secretary, acting
25 through the Service, is authorized to establish and admin-

1 ister a program to provide funding to Indian Tribes, Trib-
2 al Organizations, and Urban Indian Organizations for in-
3 novative mental and physical disease prevention and
4 health promotion and treatment programs for Indian and
5 Urban Indian preadolescent and adolescent youths.

6 “(b) USE OF FUNDS.—

7 “(1) ALLOWABLE USES.—Funds made available
8 under this section may be used to—

9 “(A) develop prevention and treatment
10 programs for Indian youth which promote men-
11 tal and physical health and incorporate cultural
12 values, community and family involvement, and
13 traditional health care practitioners; and

14 “(B) develop and provide community train-
15 ing and education.

16 “(2) PROHIBITED USE.—Funds made available
17 under this section may not be used to provide serv-
18 ices described in section 707(c).

19 “(c) DUTIES OF THE SECRETARY.—The Secretary
20 shall—

21 “(1) disseminate to Indian Tribes, Tribal Orga-
22 nizations, and Urban Indian Organizations informa-
23 tion regarding models for the delivery of comprehen-
24 sive health care services to Indian and Urban Indian
25 adolescents;

1 “(2) encourage the implementation of such
2 models; and

3 “(3) at the request of an Indian Tribe, Tribal
4 Organization, or Urban Indian Organization, provide
5 technical assistance in the implementation of such
6 models.

7 “(d) CRITERIA FOR REVIEW AND APPROVAL OF AP-
8 PLICATIONS.—The Secretary, in consultation with Indian
9 Tribes, Tribal Organizations, and Urban Indian Organiza-
10 tions, shall establish criteria for the review and approval
11 of applications or proposals under this section.

12 **“SEC. 212. PREVENTION, CONTROL, AND ELIMINATION OF**
13 **COMMUNICABLE AND INFECTIOUS DISEASES.**

14 “(a) FUNDING AUTHORIZED.—The Secretary, acting
15 through the Service, and after consultation with Indian
16 Tribes, Tribal Organizations, Urban Indian Organiza-
17 tions, and the Centers for Disease Control and Prevention,
18 may make funding available to Indian Tribes, Tribal Or-
19 ganizations, and Urban Indian Organizations for the fol-
20 lowing:

21 “(1) Projects for the prevention, control, and
22 elimination of communicable and infectious diseases
23 including, but not limited to, tuberculosis, hepatitis,
24 human immunodeficiency virus, respiratory syncytial

1 virus, hanta virus, sexually transmitted diseases, and
2 *Helicobacter Pylori* Infections.

3 “(2) Public information and education pro-
4 grams for the prevention, control, and elimination of
5 communicable and infectious diseases.

6 “(3) Education, training, and clinical skills im-
7 provement activities in the prevention, control, and
8 elimination of communicable and infectious diseases
9 for health professionals, including allied health pro-
10 fessionals.

11 “(4) Demonstration projects for the screening,
12 treatment, and prevention of hepatitis C virus
13 (HCV).

14 “(b) APPLICATION REQUIRED.—The Secretary may
15 provide funding under subsection (a) only if an application
16 or proposal for funding is submitted to the Secretary.

17 “(c) COORDINATION WITH HEALTH AGENCIES.—In-
18 dian Tribes, Tribal Organizations, and Urban Indian Or-
19 ganizations receiving funding under this section are en-
20 couraged to coordinate their activities with the Centers for
21 Disease Control and Prevention and State and local health
22 agencies.

23 “(d) TECHNICAL ASSISTANCE; REPORT.—In carrying
24 out this section, the Secretary—

1 “(1) may, at the request of an Indian Tribe,
2 Tribal Organization, or Urban Indian Organization,
3 provide technical assistance; and

4 “(2) shall prepare and submit a report to Con-
5 gress biennially on the use of funds under this sec-
6 tion and on the progress made toward the preven-
7 tion, control, and elimination of communicable and
8 infectious diseases among Indians and Urban Indi-
9 ans.

10 **“SEC. 213. AUTHORITY FOR PROVISION OF OTHER SERV-**
11 **ICES.**

12 “(a) FUNDING AUTHORIZED.—The Secretary, acting
13 through the Service, Indian Tribes, and Tribal Organiza-
14 tions, may provide funding under this Act to meet the ob-
15 jectives set forth in section 3 through health care-related
16 services and programs not otherwise described in this Act,
17 which shall include, but not be limited to—

18 “(1) hospice care;

19 “(2) assisted living;

20 “(3) long-term health care;

21 “(4) home- and community-based services;

22 “(5) public health functions; and

23 “(6) Traditional Health Care Practices.

24 “(b) SERVICES TO OTHERWISE INELIGIBLE PER-
25 SONS.—At the discretion of the Service, Indian Tribes, or

1 Tribal Organizations, services provided for hospice care,
2 home health care, home- and community-based care, as-
3 sisted living, and long-term care may be provided (subject
4 to reimbursement of reasonable charges) to persons other-
5 wise ineligible for the health care benefits of the Service.
6 Any funds received under this subsection shall not be used
7 to offset or limit the funding allocated to an Indian Tribe
8 or Tribal Organization.

9 “(c) DEFINITIONS.—For the purposes of this section,
10 the following definitions shall apply:

11 “(1) The term ‘home- and community-based
12 services’ means 1 or more of the following:

13 “(A) Homemaker/home health aide serv-
14 ices.

15 “(B) Chore services.

16 “(C) Personal care services.

17 “(D) Nursing care services provided out-
18 side of a nursing facility by, or under the super-
19 vision of, a registered nurse.

20 “(E) Respite care.

21 “(F) Training for family members.

22 “(G) Adult day care.

23 “(H) Such other home- and community-
24 based services as the Secretary, an Indian
25 Tribe, or Tribal Organization may approve.

1 “(2) The term ‘hospice care’ means the items
2 and services specified in subparagraphs (A) through
3 (H) of section 1861(dd)(1) of the Social Security
4 Act (42 U.S.C. 1395x(dd)(1)), and such other serv-
5 ices which an Indian Tribe or Tribal Organization
6 determines are necessary and appropriate to provide
7 in furtherance of this care.

8 “(3) The term ‘public health functions’ means
9 the provision of public health-related programs,
10 functions, and services including, but not limited to,
11 assessment, assurance, and policy development which
12 Indian Tribes and Tribal Organizations are author-
13 ized and encouraged, in those circumstances where
14 it meets their needs, to do by forming collaborative
15 relationships with all levels of local, State, and Fed-
16 eral Government.

17 **“SEC. 214. INDIAN WOMEN’S HEALTH CARE.**

18 “The Secretary, acting through the Service and In-
19 dian Tribes, Tribal Organizations, and Urban Indian Or-
20 ganizations, shall provide funding to monitor and improve
21 the quality of health care for Indian women of all ages
22 through the planning and delivery of programs adminis-
23 tered by the Service, in order to improve and enhance the
24 treatment models of care for Indian women.

1 **“SEC. 215. ENVIRONMENTAL AND NUCLEAR HEALTH HAZ-**
2 **ARDS.**

3 “(a) STUDIES AND MONITORING.—The Secretary
4 and the Service shall conduct, in conjunction with other
5 appropriate Federal agencies and in consultation with con-
6 cerned Indian Tribes and Tribal Organizations, studies
7 and ongoing monitoring programs to determine trends in
8 the health hazards to Indian miners and to Indians on
9 or near reservations and Indian communities as a result
10 of environmental hazards which may result in chronic or
11 life threatening health problems, such as nuclear resource
12 development, petroleum contamination, and contamination
13 of water source and of the food chain. Such studies shall
14 include—

15 “(1) an evaluation of the nature and extent of
16 health problems caused by environmental hazards
17 currently exhibited among Indians and the causes of
18 such health problems;

19 “(2) an analysis of the potential effect of ongo-
20 ing and future environmental resource development
21 on or near reservations and Indian communities, in-
22 cluding the cumulative effect over time on health;

23 “(3) an evaluation of the types and nature of
24 activities, practices, and conditions causing or affect-
25 ing such health problems including, but not limited
26 to, uranium mining and milling, uranium mine tail-

1 ing deposits, nuclear power plant operation and con-
2 struction, and nuclear waste disposal; oil and gas
3 production or transportation on or near reservations
4 or Indian communities; and other development that
5 could affect the health of Indians and their water
6 supply and food chain;

7 “(4) a summary of any findings and rec-
8 ommendations provided in Federal and State stud-
9 ies, reports, investigations, and inspections during
10 the 5 years prior to the date of the enactment of the
11 Indian Health Care Improvement Act Amendments
12 of 2004 that directly or indirectly relate to the ac-
13 tivities, practices, and conditions affecting the health
14 or safety of such Indians; and

15 “(5) the efforts that have been made by Federal
16 and State agencies and resource and economic devel-
17 opment companies to effectively carry out an edu-
18 cation program for such Indians regarding the
19 health and safety hazards of such development.

20 “(b) HEALTH CARE PLANS.—Upon completion of
21 such studies, the Secretary and the Service shall take into
22 account the results of such studies and, in consultation
23 with Indian Tribes and Tribal Organizations, develop
24 health care plans to address the health problems studied
25 under subsection (a). The plans shall include—

1 “(1) methods for diagnosing and treating Indi-
2 ans currently exhibiting such health problems;

3 “(2) preventive care and testing for Indians
4 who may be exposed to such health hazards, includ-
5 ing the monitoring of the health of individuals who
6 have or may have been exposed to excessive amounts
7 of radiation or affected by other activities that have
8 had or could have a serious impact upon the health
9 of such individuals; and

10 “(3) a program of education for Indians who,
11 by reason of their work or geographic proximity to
12 such nuclear or other development activities, may ex-
13 perience health problems.

14 “(c) SUBMISSION OF REPORT AND PLAN TO CON-
15 GRESS.—The Secretary and the Service shall submit to
16 Congress the study prepared under subsection (a) no later
17 than 18 months after the date of the enactment of the
18 Indian Health Care Improvement Act Amendments of
19 2004. The health care plan prepared under subsection (b)
20 shall be submitted in a report no later than 1 year after
21 the study prepared under subsection (a) is submitted to
22 Congress. Such report shall include recommended activi-
23 ties for the implementation of the plan, as well as an eval-
24 uation of any activities previously undertaken by the Serv-
25 ice to address such health problems.

1 “(d) INTERGOVERNMENTAL TASK FORCE.—

2 “(1) ESTABLISHMENT; MEMBERS.—There is es-
3 tablished an Intergovernmental Task Force to be
4 composed of the following individuals (or their des-
5 ignees):

6 “(A) The Secretary of Energy.

7 “(B) The Secretary of the Environmental
8 Protection Agency.

9 “(C) The Director of the Bureau of Mines.

10 “(D) The Assistant Secretary for Occupa-
11 tional Safety and Health.

12 “(E) The Secretary of the Interior.

13 “(F) The Secretary of Health and Human
14 Services.

15 “(G) The Director of the Indian Health
16 Service.

17 “(2) DUTIES.—The Task Force shall—

18 “(A) identify existing and potential oper-
19 ations related to nuclear resource development
20 or other environmental hazards that affect or
21 may affect the health of Indians on or near a
22 reservation or in an Indian community; and

23 “(B) enter into activities to correct exist-
24 ing health hazards and ensure that current and
25 future health problems resulting from nuclear

1 resource or other development activities are
2 minimized or reduced.

3 “(3) CHAIRMAN; MEETINGS.—The Secretary of
4 Health and Human Services shall be the Chairman
5 of the Task Force. The Task Force shall meet at
6 least twice each year.

7 “(e) HEALTH SERVICES TO CERTAIN EMPLOYEES.—
8 In the case of any Indian who—

9 “(1) as a result of employment in or near a
10 uranium mine or mill or near any other environ-
11 mental hazard, suffers from a work-related illness or
12 condition;

13 “(2) is eligible to receive diagnosis and treat-
14 ment services from an Indian Health Program; and

15 “(3) by reason of such Indian’s employment, is
16 entitled to medical care at the expense of such mine
17 or mill operator or entity responsible for the environ-
18 mental hazard, the Indian Health Program shall, at
19 the request of such Indian, render appropriate med-
20 ical care to such Indian for such illness or condition
21 and may be reimbursed for any medical care so ren-
22 dered to which such Indian is entitled at the expense
23 of such operator or entity from such operator or en-
24 tity. Nothing in this subsection shall affect the
25 rights of such Indian to recover damages other than

1 such amounts paid to the Indian Health Program
2 from the employer for providing medical care for
3 such illness or condition.

4 **“SEC. 216. ARIZONA AS A CONTRACT HEALTH SERVICE DE-**
5 **LIVERY AREA.**

6 “(a) IN GENERAL.—For fiscal years beginning with
7 the fiscal year ending September 30, 1983, and ending
8 with the fiscal year ending September 30, 2015, the State
9 of Arizona shall be designated as a contract health service
10 delivery area by the Service for the purpose of providing
11 contract health care services to members of federally rec-
12 ognized Indian Tribes of Arizona.

13 “(b) MAINTENANCE OF SERVICES.—The Service
14 shall not curtail any health care services provided to Indi-
15 ans residing on reservations in the State of Arizona if such
16 curtailment is due to the provision of contract services in
17 such State pursuant to the designation of such State as
18 a contract health service delivery area pursuant to sub-
19 section (a).

20 **“SEC. 216A. NORTH DAKOTA AS A CONTRACT HEALTH**
21 **SERVICE DELIVERY AREA.**

22 “(a) IN GENERAL.—For fiscal years beginning with
23 the fiscal year ending September 30, 2003, and ending
24 with the fiscal year ending September 30, 2015, the State
25 of North Dakota shall be designated as a contract health

1 service delivery area by the Service for the purpose of pro-
2 viding contract health care services to members of feder-
3 ally recognized Indian Tribes of North Dakota.

4 “(b) LIMITATION.—The Service shall not curtail any
5 health care services provided to Indians residing on res-
6 ervations in the State of North Dakota if such curtailment
7 is due to the provision of contract services in such State
8 pursuant to the designation of such State as a contract
9 health service delivery area pursuant to subsection (a).

10 **“SEC. 216B. SOUTH DAKOTA AS A CONTRACT HEALTH SERV-**
11 **ICE DELIVERY AREA.**

12 “(a) IN GENERAL.—For fiscal years beginning with
13 the fiscal year ending September 30, 2003, and ending
14 with the fiscal year ending on September 30, 2015, the
15 State of South Dakota shall be designated as a contract
16 health service delivery area by the Service for the purpose
17 of providing contract health care services to members of
18 federally recognized Indian Tribes of South Dakota.

19 “(b) LIMITATION.—The Service shall not curtail any
20 health care services provided to Indians residing on res-
21 ervations in the State of South Dakota if such curtailment
22 is due to the provision of contract services in such State
23 pursuant to the designation of such State as a contract
24 health service delivery area pursuant to subsection (a).

1 **“SEC. 217. CALIFORNIA CONTRACT HEALTH SERVICES PRO-**
2 **GRAM.**

3 “(a) FUNDING AUTHORIZED.—The Secretary is au-
4 thorized to fund a program using the California Rural In-
5 dian Health Board (hereafter in this section referred to
6 as the ‘CRIHB’) as a contract care intermediary to im-
7 prove the accessibility of health services to California Indi-
8 ans.

9 “(b) REIMBURSEMENT CONTRACT.—The Secretary
10 shall enter into an agreement with the CRIHB to reim-
11 burse the CRIHB for costs (including reasonable adminis-
12 trative costs) incurred pursuant to this section, in pro-
13 viding medical treatment under contract to California In-
14 dians described in section 806(a) throughout the Cali-
15 fornia contract health services delivery area described in
16 section 218 with respect to high cost contract care cases.

17 “(c) ADMINISTRATIVE EXPENSES.—Not more than 5
18 percent of the amounts provided to the CRIHB under this
19 section for any fiscal year may be for reimbursement for
20 administrative expenses incurred by the CRIHB during
21 such fiscal year.

22 “(d) LIMITATION ON PAYMENT.—No payment may
23 be made for treatment provided hereunder to the extent
24 payment may be made for such treatment under the In-
25 dian Catastrophic Health Emergency Fund described in
26 section 202 or from amounts appropriated or otherwise

1 made available to the California contract health service de-
2 livery area for a fiscal year.

3 “(e) ADVISORY BOARD.—There is hereby established
4 an advisory board which shall advise the CRIHB in car-
5 rying out this section. The advisory board shall be com-
6 posed of representatives, selected by the CRIHB, from not
7 less than 8 Tribal Health Programs serving California In-
8 dians covered under this section at least one half of whom
9 are not affiliated with the CRIHB.

10 **“SEC. 218. CALIFORNIA AS A CONTRACT HEALTH SERVICE**
11 **DELIVERY AREA.**

12 “The State of California, excluding the counties of
13 Alameda, Contra Costa, Los Angeles, Marin, Orange, Sac-
14 ramento, San Francisco, San Mateo, Santa Clara, Kern,
15 Merced, Monterey, Napa, San Benito, San Joaquin, San
16 Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ven-
17 tura, shall be designated as a contract health service deliv-
18 ery area by the Service for the purpose of providing con-
19 tract health services to California Indians. However, any
20 of the counties listed herein may only be included in the
21 contract health services delivery area if funding is specifi-
22 cally provided by the Service for such services in those
23 counties.

1 **“SEC. 219. CONTRACT HEALTH SERVICES FOR THE TREN-**
2 **TON SERVICE AREA.**

3 “(a) AUTHORIZATION FOR SERVICES.—The Sec-
4 retary, acting through the Service, is directed to provide
5 contract health services to members of the Turtle Moun-
6 tain Band of Chippewa Indians that reside in the Trenton
7 Service Area of Divide, McKenzie, and Williams counties
8 in the State of North Dakota and the adjoining counties
9 of Richland, Roosevelt, and Sheridan in the State of Mon-
10 tana.

11 “(b) NO EXPANSION OF ELIGIBILITY.—Nothing in
12 this section may be construed as expanding the eligibility
13 of members of the Turtle Mountain Band of Chippewa In-
14 dians for health services provided by the Service beyond
15 the scope of eligibility for such health services that applied
16 on May 1, 1986.

17 **“SEC. 220. PROGRAMS OPERATED BY INDIAN TRIBES AND**
18 **TRIBAL ORGANIZATIONS.**

19 “The Service shall provide funds for health care pro-
20 grams and facilities operated by Tribal Health Programs
21 on the same basis as such funds are provided to programs
22 and facilities operated directly by the Service.

23 **“SEC. 221. LICENSING OR CERTIFICATION.**

24 “Health care professionals employed by a Tribal
25 Health Program shall, if licensed or certified in any State,
26 be exempt from the licensing or certification requirements

1 of the State in which the Tribal Health Program performs
2 the services described in its Funding Agreement.

3 **“SEC. 222. NOTIFICATION OF PROVISION OF EMERGENCY**
4 **CONTRACT HEALTH SERVICES.**

5 “With respect to an elderly Indian or an Indian with
6 a disability receiving emergency medical care or services
7 from a non-Service provider or in a non-Service facility
8 under the authority of this Act, the time limitation (as
9 a condition of payment) for notifying the Service of such
10 treatment or admission shall be 30 days.

11 **“SEC. 223. PROMPT ACTION ON PAYMENT OF CLAIMS.**

12 “(a) DEADLINE FOR RESPONSE.—The Service shall
13 respond to a notification of a claim by a provider of a
14 contract care service with either an individual purchase
15 order or a denial of the claim within 5 working days after
16 the receipt of such notification.

17 “(b) EFFECT OF UNTIMELY RESPONSE.—If the
18 Service fails to respond to a notification of a claim in ac-
19 cordance with subsection (a), the Service shall accept as
20 valid the claim submitted by the provider of a contract
21 care service.

22 “(c) DEADLINE FOR PAYMENT OF VALID CLAIM.—
23 The Service shall pay a valid contract care service claim
24 within 30 days after the completion of the claim.

1 **“SEC. 224. LIABILITY FOR PAYMENT.**

2 “(a) NO PATIENT LIABILITY.—A patient who re-
3 ceives contract health care services that are authorized by
4 the Service shall not be liable for the payment of any
5 charges or costs associated with the provision of such serv-
6 ices.

7 “(b) NOTIFICATION.—The Secretary shall notify a
8 contract care provider and any patient who receives con-
9 tract health care services authorized by the Service that
10 such patient is not liable for the payment of any charges
11 or costs associated with the provision of such services not
12 later than 5 business days after receipt of a notification
13 of a claim by a provider of contract care services.

14 “(c) NO RECOURSE.—Following receipt of the notice
15 provided under subsection (b), or, if a claim has been
16 deemed accepted under section 223(b), the provider shall
17 have no further recourse against the patient who received
18 the services.

19 **“SEC. 225. AUTHORIZATION OF APPROPRIATIONS.**

20 “There are authorized to be appropriated such sums
21 as may be necessary for each fiscal year through fiscal
22 year 2015 to carry out this title.

1 **“TITLE III—FACILITIES**

2 **“SEC. 301. CONSULTATION: CONSTRUCTION AND RENOVA-**
3 **TION OF FACILITIES; REPORTS.**

4 “(a) PREREQUISITES FOR EXPENDITURE OF
5 FUNDS.—Prior to the expenditure of, or the making of
6 any binding commitment to expend, any funds appro-
7 priated for the planning, design, construction, or renova-
8 tion of facilities pursuant to the Act of November 2, 1921
9 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’),
10 the Secretary, acting through the Service, shall—

11 “(1) consult with any Indian Tribe that would
12 be significantly affected by such expenditure for the
13 purpose of determining and, whenever practicable,
14 honoring tribal preferences concerning size, location,
15 type, and other characteristics of any facility on
16 which such expenditure is to be made; and

17 “(2) ensure, whenever practicable and applica-
18 ble, that such facility meets the construction stand-
19 ards of any accrediting body recognized by the Sec-
20 retary for the purposes of the medicare, medicaid,
21 and SCHIP programs under titles XVIII, XIX, and
22 XXI of the Social Security Act by not later than 1
23 year after the date on which the construction or ren-
24 ovation of such facility is completed.

25 “(b) CLOSURES.—

1 “(1) EVALUATION REQUIRED.—Notwith-
2 standing any other provision of law, no facility oper-
3 ated by the Service may be closed if the Secretary
4 has not submitted to Congress at least 1 year prior
5 to the date of the proposed closure an evaluation of
6 the impact of the proposed closure which specifies,
7 in addition to other considerations—

8 “(A) the accessibility of alternative health
9 care resources for the population served by such
10 facility;

11 “(B) the cost-effectiveness of such closure;

12 “(C) the quality of health care to be pro-
13 vided to the population served by such facility
14 after such closure;

15 “(D) the availability of contract health
16 care funds to maintain existing levels of service;

17 “(E) the views of the Indian Tribes served
18 by such facility concerning such closure;

19 “(F) the level of use of such facility by all
20 eligible Indians; and

21 “(G) the distance between such facility and
22 the nearest operating Service hospital.

23 “(2) EXCEPTION FOR CERTAIN TEMPORARY
24 CLOSURES.—Paragraph (1) shall not apply to any
25 temporary closure of a facility or any portion of a

1 facility if such closure is necessary for medical, envi-
2 ronmental, or construction safety reasons.

3 “(c) HEALTH CARE FACILITY PRIORITY SYSTEM.—

4 “(1) IN GENERAL.—

5 “(A) ESTABLISHMENT.—The Secretary,
6 acting through the Service, shall establish a
7 health care facility priority system, which
8 shall—

9 “(i) be developed with Indian Tribes
10 and Tribal Organizations through nego-
11 tiated rulemaking under section 802;

12 “(ii) give Indian Tribes’ needs the
13 highest priority; and

14 “(iii) at a minimum, include the lists
15 required in paragraph (2)(B) and the
16 methodology required in paragraph (2)(E).

17 “(B) PRIORITY OF CERTAIN PROJECTS
18 PROTECTED.—The priority of any project estab-
19 lished under the construction priority system in
20 effect on the date of the Indian Health Care
21 Improvement Act Amendments of 2004 shall
22 not be affected by any change in the construc-
23 tion priority system taking place thereafter if
24 the project was identified as 1 of the 10 top-
25 priority inpatient projects, 1 of the 10 top-pri-

1 ority outpatient projects, 1 of the 10 top-pri-
2 ority staff quarters developments, or 1 of the
3 10 top-priority Youth Regional Treatment Cen-
4 ters in the fiscal year 2005 Indian Health Serv-
5 ice budget justification, or if the project had
6 completed both Phase I and Phase II of the
7 construction priority system in effect on the
8 date of the enactment of such Act.

9 “(2) REPORT; CONTENTS.—The Secretary shall
10 submit to the President, for inclusion in each report
11 required to be transmitted to Congress under section
12 801, a report which sets forth the following:

13 “(A) A description of the health care facil-
14 ity priority system of the Service, established
15 under paragraph (1).

16 “(B) Health care facilities lists, including
17 but not limited to—

18 “(i) the 10 top-priority inpatient
19 health care facilities;

20 “(ii) the 10 top-priority outpatient
21 health care facilities;

22 “(iii) the 10 top-priority specialized
23 health care facilities (such as long-term
24 care and alcohol and drug abuse treat-
25 ment);

1 “(iv) the 10 top-priority staff quarters
2 developments associated with health care
3 facilities; and

4 “(v) the 10 top-priority patient hostels
5 associated with health care facilities.

6 “(C) The justification for such order of
7 priority.

8 “(D) The projected cost of such projects.

9 “(E) The methodology adopted by the
10 Service in establishing priorities under its
11 health care facility priority system.

12 “(3) REQUIREMENTS FOR PREPARATION OF RE-
13 PORTS.—In preparing each report required under
14 paragraph (2) (other than the initial report), the
15 Secretary shall annually—

16 “(A) consult with and obtain information
17 on all health care facilities needs from Indian
18 Tribes, Tribal Organizations, and Urban Indian
19 Organizations; and

20 “(B) review the total unmet needs of all
21 Indian Tribes, Tribal Organizations, and Urban
22 Indian Organizations for health care facilities
23 (including hostels and staff quarters), including
24 needs for renovation and expansion of existing
25 facilities.

1 “(4) CRITERIA FOR EVALUATING NEEDS.—For
2 purposes of this subsection, the Secretary shall, in
3 evaluating the needs of facilities operated under any
4 Funding Agreement use the same criteria that the
5 Secretary uses in evaluating the needs of facilities
6 operated directly by the Service.

7 “(5) NEEDS OF FACILITIES UNDER ISDEAA
8 AGREEMENTS.—The Secretary shall ensure that the
9 planning, design, construction, and renovation needs
10 of Service and non-Service facilities operated under
11 funding agreements in accordance with the Indian
12 Self-Determination and Education Assistance Act
13 (25 U.S.C. 450 et seq.) are fully and equitably inte-
14 grated into the health care facility priority system.

15 “(d) REVIEW OF NEED FOR FACILITIES.—

16 “(1) INITIAL REPORT.—In the year 2005, the
17 Government Accountability Office shall prepare and
18 finalize a report which sets forth the needs of the
19 Service, Indian Tribes, Tribal Organizations, and
20 Urban Indian Organizations, for the facilities listed
21 under subsection (c)(2)(B), including the needs for
22 renovation and expansion of existing facilities. The
23 Government Accountability Office shall submit the
24 report to the appropriate authorizing and appropria-
25 tions committees of Congress and to the Secretary.

1 “(2) Beginning in the year 2006, the Secretary
2 shall update the report required under paragraph
3 (1) every 5 years.

4 “(3) The Comptroller General and the Sec-
5 retary shall consult with Indian Tribes, Tribal Orga-
6 nizations, and Urban Indian Organizations. The
7 Secretary shall submit the reports required by para-
8 graphs (1) and (2), to the President for inclusion in
9 the report required to be transmitted to Congress
10 under section 801.

11 “(4) For purposes of this subsection, the re-
12 ports shall, regarding the needs of facilities operated
13 under any Funding Agreement, be based on the
14 same criteria that the Secretary uses in evaluating
15 the needs of facilities operated directly by the Serv-
16 ice.

17 “(5) The planning, design, construction, and
18 renovation needs of facilities operated under Fund-
19 ing Agreements shall be fully and equitably inte-
20 grated into the development of the health facility
21 priority system.

22 “(6) Beginning in the year 2006 and each fiscal
23 year thereafter, the Secretary shall provide an op-
24 portunity for nomination of planning, design, and
25 construction projects by the Service, Indian Tribes,

1 and Tribal Organizations for consideration under
2 the health care facility priority system.

3 “(e) FUNDING CONDITION.—All funds appropriated
4 under the Act of November 2, 1921 (25 U.S.C. 13) (com-
5 monly known as the ‘Snyder Act’), for the planning, de-
6 sign, construction, or renovation of health facilities for the
7 benefit of 1 or more Indian Tribes shall be subject to the
8 provisions of the Indian Self-Determination and Edu-
9 cation Assistance Act (25 U.S.C. 450 et seq.).

10 “(f) DEVELOPMENT OF INNOVATIVE APPROACHES.—
11 The Secretary shall consult and cooperate with Indian
12 Tribes, Tribal Organizations, and Urban Indian Organiza-
13 tions in developing innovative approaches to address all
14 or part of the total unmet need for construction of health
15 facilities, including those provided for in other sections of
16 this title and other approaches.

17 **“SEC. 302. SANITATION FACILITIES.**

18 “(a) FINDINGS.—Congress finds the following:

19 “(1) The provision of sanitation facilities is pri-
20 marily a health consideration and function.

21 “(2) Indian people suffer an inordinately high
22 incidence of disease, injury, and illness directly at-
23 tributable to the absence or inadequacy of sanitation
24 facilities.

1 “(3) The long-term cost to the United States of
2 treating and curing such disease, injury, and illness
3 is substantially greater than the short-term cost of
4 providing sanitation facilities and other preventive
5 health measures.

6 “(4) Many Indian homes and Indian commu-
7 nities still lack sanitation facilities.

8 “(5) It is in the interest of the United States,
9 and it is the policy of the United States, that all In-
10 dian communities and Indian homes, new and exist-
11 ing, be provided with sanitation facilities.

12 “(b) FACILITIES AND SERVICES.—In furtherance of
13 the findings made in subsection (a), Congress reaffirms
14 the primary responsibility and authority of the Service to
15 provide the necessary sanitation facilities and services as
16 provided in section 7 of the Act of August 5, 1954 (42
17 U.S.C. 2004a). Under such authority, the Secretary, act-
18 ing through the Service, is authorized to provide the fol-
19 lowing:

20 “(1) Financial and technical assistance to In-
21 dian Tribes, Tribal Organizations, and Indian com-
22 munities in the establishment, training, and equip-
23 ping of utility organizations to operate and maintain
24 sanitation facilities, including the provision of exist-
25 ing plans, standard details, and specifications avail-

1 able in the Department, to be used at the option of
2 the Indian Tribe, Tribal Organization, or Indian
3 community.

4 “(2) Ongoing technical assistance and training
5 to Indian Tribes, Tribal Organizations, and Indian
6 communities in the management of utility organiza-
7 tions which operate and maintain sanitation facili-
8 ties.

9 “(3) Priority funding for operation and mainte-
10 nance assistance for, and emergency repairs to, sani-
11 tation facilities operated by an Indian Tribe, Tribal
12 Organization or Indian community when necessary
13 to avoid an imminent health threat or to protect the
14 investment in sanitation facilities and the investment
15 in the health benefits gained through the provision
16 of sanitation facilities.

17 “(c) FUNDING.—Notwithstanding any other provi-
18 sion of law—

19 “(1) the Secretary of Housing and Urban De-
20 velopment is authorized to transfer funds appro-
21 priated under the Native American Housing Assist-
22 ance and Self-Determination Act of 1996 to the Sec-
23 retary of Health and Human Services;

24 “(2) the Secretary of Health and Human Serv-
25 ices is authorized to accept and use such funds for

1 the purpose of providing sanitation facilities and
2 services for Indians under section 7 of the Act of
3 August 5, 1954 (42 U.S.C. 2004a);

4 “(3) unless specifically authorized when funds
5 are appropriated, the Secretary shall not use funds
6 appropriated under section 7 of the Act of August
7 5, 1954 (42 U.S.C. 2004a), to provide sanitation fa-
8 cilities to new homes constructed using funds pro-
9 vided by the Department of Housing and Urban De-
10 velopment;

11 “(4) the Secretary of Health and Human Serv-
12 ices is authorized to accept from any source, includ-
13 ing Federal and State agencies, funds for the pur-
14 pose of providing sanitation facilities and services
15 and place these funds into Funding Agreements;

16 “(5) except as otherwise prohibited by this sec-
17 tion, the Secretary may use funds appropriated
18 under the authority of section 7 of the Act of Au-
19 gust 5, 1954 (42 U.S.C. 2004a) to fund up to 100
20 percent of the amount of an Indian Tribe’s loan ob-
21 tained under any Federal program for new projects
22 to construct eligible sanitation facilities to serve In-
23 dian homes;

24 “(6) except as otherwise prohibited by this sec-
25 tion, the Secretary may use funds appropriated

1 under the authority of section 7 of the Act of Au-
2 gust 5, 1954 (42 U.S.C. 2004a) to meet matching
3 or cost participation requirements under other Fed-
4 eral and non-Federal programs for new projects to
5 construct eligible sanitation facilities;

6 “(7) all Federal agencies are authorized to
7 transfer to the Secretary funds identified, granted,
8 loaned, or appropriated whereby the Department’s
9 applicable policies, rules, and regulations shall apply
10 in the implementation of such projects;

11 “(8) the Secretary of Health and Human Serv-
12 ices shall enter into interagency agreements with
13 Federal and State agencies for the purpose of pro-
14 viding financial assistance for sanitation facilities
15 and services under this Act; and

16 “(9) the Secretary of Health and Human Serv-
17 ices shall, by regulation developed through rule-
18 making under section 802, establish standards appli-
19 cable to the planning, design, and construction of
20 sanitation facilities funded under this Act.

21 “(d) CERTAIN CAPABILITIES NOT PREREQUISITE.—
22 The financial and technical capability of an Indian Tribe,
23 Tribal Organization, or Indian community to safely oper-
24 ate, manage, and maintain a sanitation facility shall not

1 be a prerequisite to the provision or construction of sanita-
2 tion facilities by the Secretary.

3 “(e) FINANCIAL ASSISTANCE.—The Secretary is au-
4 thorized to provide financial assistance to Indian Tribes,
5 Tribal Organizations, and Indian communities for oper-
6 ation, management, and maintenance of their sanitation
7 facilities.

8 “(f) OPERATION, MANAGEMENT, AND MAINTENANCE
9 OF FACILITIES.—The Indian Tribe, Tribal Organization,
10 or Indian community has the primary responsibility to es-
11 tablish, collect, and use reasonable user fees, or otherwise
12 set aside funding, for the purpose of operating, managing,
13 and maintaining sanitation facilities. If a sanitation facil-
14 ity serving a community that is operated by an Indian
15 Tribe, Tribal Organization, or Indian community is
16 threatened with imminent failure and such operator lacks
17 capacity to maintain the integrity or the health benefits
18 of the sanitation facility, then the Secretary is authorized
19 to assist the Indian Tribe, Tribal Organization, or Indian
20 community in the resolution of the problem on a short-
21 term basis through cooperation with the emergency coordi-
22 nator or by providing operation, management, and mainte-
23 nance service.

24 “(g) ISDEAA PROGRAM FUNDED ON EQUAL
25 BASIS.—Tribal Health Programs shall be eligible (on an

1 equal basis with programs that are administered directly
2 by the Service) for—

3 “(1) any funds appropriated pursuant to this
4 section; and

5 “(2) any funds appropriated for the purpose of
6 providing sanitation facilities.

7 “(h) REPORT.—

8 “(1) REQUIRED; CONTENTS.—The Secretary, in
9 consultation with the Secretary of Housing and
10 Urban Development, Indian Tribes, Tribal Organiza-
11 tions, and tribally designated housing entities (as de-
12 fined in section 4 of the Native American Housing
13 Assistance and Self-Determination Act of 1996 (25
14 U.S.C. 4103)) shall submit to the President, for in-
15 clusion in each report required to be transmitted to
16 Congress under section 801, a report which sets
17 forth—

18 “(A) the current Indian sanitation facility
19 priority system of the Service;

20 “(B) the methodology for determining
21 sanitation deficiencies and needs;

22 “(C) the level of initial and final sanitation
23 deficiency for each type of sanitation facility for
24 each project of each Indian Tribe or Indian
25 community;

1 “(D) the amount and most effective use of
2 funds, derived from whatever source, necessary
3 to accommodate the sanitation facilities needs
4 of new homes assisted with funds under the
5 Native American Housing Assistance and Self-
6 Determination Act, and to reduce the identified
7 sanitation deficiency levels of all Indian Tribes
8 and Indian communities to level I sanitation de-
9 ficiency as defined in paragraph (4)(A); and

10 “(E) a 10-year plan to provide sanitation
11 facilities to serve existing Indian homes and In-
12 dian communities and new and renovated In-
13 dian homes.

14 “(2) CRITERIA.—The criteria on which the defi-
15 ciencies and needs will be evaluated shall be devel-
16 oped through negotiated rulemaking pursuant to
17 section 802.

18 “(3) UNIFORM METHODOLOGY.—The method-
19 ology used by the Secretary in determining, pre-
20 paring cost estimates for, and reporting sanitation
21 deficiencies for purposes of paragraph (1) shall be
22 applied uniformly to all Indian Tribes and Indian
23 communities.

24 “(4) SANITATION DEFICIENCY LEVELS.—For
25 purposes of this subsection, the sanitation deficiency

1 levels for an individual, Indian Tribe or Indian com-
2 munity sanitation facility to serve Indian homes are
3 determined as follows:

4 “(A) A level I deficiency exists if a sanita-
5 tion facility serving an individual, Indian Tribe,
6 or Indian community—

7 “(i) complies with all applicable water
8 supply, pollution control, and solid waste
9 disposal laws; and

10 “(ii) deficiencies relate to routine re-
11 placement, repair, or maintenance needs.

12 “(B) A level II deficiency exists if a sanita-
13 tion facility serving an individual, Indian Tribe,
14 or Indian community substantially or recently
15 complied with all applicable water supply, pollu-
16 tion control, and solid waste laws and any defi-
17 ciencies relate to—

18 “(i) small or minor capital improve-
19 ments needed to bring the facility back
20 into compliance;

21 “(ii) capital improvements that are
22 necessary to enlarge or improve the facili-
23 ties in order to meet the current needs for
24 domestic sanitation facilities; or

1 “(iii) the lack of equipment or train-
2 ing by an Indian Tribe, Tribal Organiza-
3 tion, or an Indian community to properly
4 operate and maintain the sanitation facili-
5 ties.

6 “(C) A level III deficiency exists if a sani-
7 tation facility serving an individual, Indian
8 Tribe or Indian community meets one or more
9 of the following conditions—

10 “(i) water or sewer service in the
11 home is provided by a haul system with
12 holding tanks and interior plumbing;

13 “(ii) major significant interruptions to
14 water supply or sewage disposal occur fre-
15 quently, requiring major capital improve-
16 ments to correct the deficiencies; or

17 “(iii) there is no access to or no ap-
18 proved or permitted solid waste facility
19 available.

20 “(D) A level IV deficiency exists if—

21 “(i) a sanitation facility of an indi-
22 vidual, Indian Tribe, Tribal Organization,
23 or Indian community has no piped water
24 or sewer facilities in the home or the facil-

1 ity has become inoperable due to major
2 component failure; or

3 “(ii) where only a washeteria or cen-
4 tral facility exists in the community.

5 “(E) A level V deficiency exists in the ab-
6 sence of a sanitation facility, where individual
7 homes do not have access to safe drinking
8 water or adequate wastewater (including sew-
9 age) disposal.

10 “(j) DEFINITIONS.—For purposes of this section, the
11 following terms apply:

12 “(1) INDIAN COMMUNITY.—The term ‘Indian
13 community’ means a geographic area, a significant
14 proportion of whose inhabitants are Indians and
15 which is served by or capable of being served by a
16 facility described in this section.

17 “(2) SANITATION FACILITIES.—The terms
18 ‘sanitation facility’ and ‘sanitation facilities’ mean
19 safe and adequate water supply systems, sanitary
20 sewage disposal systems, and sanitary solid waste
21 systems (and all related equipment and support in-
22 frastructure).

23 **“SEC. 303. PREFERENCE TO INDIANS AND INDIAN FIRMS.**

24 “(a) BUY INDIAN ACT.—The Secretary, acting
25 through the Service, may use the negotiating authority of

1 section 23 of the Act of June 25, 1910 (25 U.S.C. 47,
2 commonly known as the ‘Buy Indian Act’), to give pref-
3 erence to any Indian or any enterprise, partnership, cor-
4 poration, or other type of business organization owned and
5 controlled by an Indian or Indians including former or
6 currently federally recognized Indian Tribes in the State
7 of New York (hereinafter referred to as an ‘Indian firm’)
8 in the construction and renovation of Service facilities pur-
9 suant to section 301 and in the construction of sanitation
10 facilities pursuant to section 302. Such preference may be
11 accorded by the Secretary unless the Secretary finds, pur-
12 suant to regulations adopted pursuant to section 802, that
13 the project or function to be contracted for will not be
14 satisfactory or such project or function cannot be properly
15 completed or maintained under the proposed contract. The
16 Secretary, in arriving at such a finding, shall consider
17 whether the Indian or Indian firm will be deficient with
18 respect to—

- 19 “(1) ownership and control by Indians;
20 “(2) equipment;
21 “(3) bookkeeping and accounting procedures;
22 “(4) substantive knowledge of the project or
23 function to be contracted for;
24 “(5) adequately trained personnel; or

1 “(6) other necessary components of contract
2 performance.

3 “(b) LABOR STANDARDS.—

4 “(1) IN GENERAL.—For the purposes of imple-
5 menting the provisions of this title, contracts for the
6 construction or renovation of health care facilities,
7 staff quarters, and sanitation facilities, and related
8 support infrastructure, funded in whole or in part
9 with funds made available pursuant to this title,
10 shall contain a provision requiring compliance with
11 subchapter IV of chapter 31 of title 40, United
12 States Code (commonly known as the ‘Davis-Bacon
13 Act’), unless such construction or renovation—

14 “(A) is performed by a contractor pursu-
15 ant to a contract with an Indian Tribe or Trib-
16 al Organization with funds supplied through a
17 contract, compact or funding agreement author-
18 ized by the Indian Self-Determination and Edu-
19 cation Assistance Act, or other statutory au-
20 thority; and

21 “(B) is subject to prevailing wage rates for
22 similar construction or renovation in the locality
23 as determined by the Indian Tribes or Tribal
24 Organizations to be served by the construction
25 or renovation.

1 “(2) EXCEPTION.—This subsection shall not
2 apply to construction or renovation carried out by an
3 Indian Tribe or Tribal Organization with its own
4 employees.

5 **“SEC. 304. EXPENDITURE OF NONSERVICE FUNDS FOR REN-**
6 **OVATION.**

7 “(a) IN GENERAL.—Notwithstanding any other pro-
8 vision of law, if the requirements of subsection (c) are met,
9 the Secretary, acting through the Service, is authorized
10 to accept any major expansion, renovation, or moderniza-
11 tion by any Indian Tribe or Tribal Organization of any
12 Service facility or of any other Indian health facility oper-
13 ated pursuant to a Funding Agreement, including—

14 “(1) any plans or designs for such expansion,
15 renovation, or modernization; and

16 “(2) any expansion, renovation, or moderniza-
17 tion for which funds appropriated under any Federal
18 law were lawfully expended.

19 “(b) PRIORITY LIST.—

20 “(1) IN GENERAL.—The Secretary shall main-
21 tain a separate priority list to address the needs for
22 increased operating expenses, personnel, or equip-
23 ment for such facilities. The methodology for estab-
24 lishing priorities shall be developed through nego-
25 tiated rulemaking under section 802. The list of pri-

1 ority facilities will be revised annually in consulta-
2 tion with Indian Tribes and Tribal Organizations.

3 “(2) REPORT.—The Secretary shall submit to
4 the President, for inclusion in each report required
5 to be transmitted to Congress under section 801, the
6 priority list maintained pursuant to paragraph (1).

7 “(c) REQUIREMENTS.—The requirements of this sub-
8 section are met with respect to any expansion, renovation,
9 or modernization if—

10 “(1) the Indian Tribe or Tribal Organization—

11 “(A) provides notice to the Secretary of its
12 intent to expand, renovate, or modernize; and

13 “(B) applies to the Secretary to be placed
14 on a separate priority list to address the needs
15 of such new facilities for increased operating ex-
16 penses, personnel, or equipment; and

17 “(2) the expansion, renovation, or
18 modernization—

19 “(A) is approved by the appropriate area
20 director of the Service for Federal facilities; and

21 “(B) is administered by the Indian Tribe
22 or Tribal Organization in accordance with any
23 applicable regulations prescribed by the Sec-
24 retary with respect to construction or renova-
25 tion of Service facilities.

1 “(d) ADDITIONAL REQUIREMENT FOR EXPANSION.—

2 In addition to the requirements in subsection (c), for any
3 expansions, the Indian Tribe or Tribal Organization shall
4 provide to the Secretary additional information developed
5 through negotiated rulemaking under section 802, includ-
6 ing additional staffing, equipment, and other costs associ-
7 ated with the expansion.

8 “(e) CLOSURE OR CONVERSION OF FACILITIES.—If

9 any Service facility which has been expanded, renovated,
10 or modernized by an Indian Tribe or Tribal Organization
11 under this section ceases to be used as a Service facility
12 during the 20-year period beginning on the date such ex-
13 pansion, renovation, or modernization is completed, such
14 Indian Tribe or Tribal Organization shall be entitled to
15 recover from the United States an amount which bears
16 the same ratio to the value of such facility at the time
17 of such cessation as the value of such expansion, renova-
18 tion, or modernization (less the total amount of any funds
19 provided specifically for such facility under any Federal
20 program that were expended for such expansion, renova-
21 tion, or modernization) bore to the value of such facility
22 at the time of the completion of such expansion, renova-
23 tion, or modernization.

1 **“SEC. 305. FUNDING FOR THE CONSTRUCTION, EXPANSION,**
2 **AND MODERNIZATION OF SMALL AMBULA-**
3 **TORY CARE FACILITIES.**

4 “(a) FUNDING.—

5 “(1) IN GENERAL.—The Secretary, acting
6 through the Service, in consultation with Indian
7 Tribes and Tribal Organizations, shall make funding
8 available to Indian Tribes and Tribal Organizations
9 for the construction, expansion, or modernization of
10 facilities for the provision of ambulatory care serv-
11 ices to eligible Indians (and noneligible persons pur-
12 suant to subsections (b)(2) and (c)(1)(C)). Funding
13 made under this section may cover up to 100 per-
14 cent of the costs of such construction, expansion, or
15 modernization. For the purposes of this section, the
16 term ‘construction’ includes the replacement of an
17 existing facility.

18 “(2) FUNDING AGREEMENT REQUIRED.—Fund-
19 ing under paragraph (1) may only be made available
20 to a Tribal Health Program operating an Indian
21 health facility (other than a facility owned or con-
22 structed by the Service, including a facility originally
23 owned or constructed by the Service and transferred
24 to an Indian Tribe or Tribal Organization).

25 “(b) USE OF FUNDS.—

1 “(1) ALLOWABLE USES.—Funding provided
2 under this section may be used for the construction,
3 expansion, or modernization (including the planning
4 and design of such construction, expansion, or mod-
5 ernization) of an ambulatory care facility—

6 “(A) located apart from a hospital;

7 “(B) not funded under section 301 or sec-
8 tion 307; and

9 “(C) which, upon completion of such con-
10 struction or modernization will—

11 “(i) have a total capacity appropriate
12 to its projected service population;

13 “(ii) provide annually no fewer than
14 150 eligible Indians and other users who
15 are eligible for services in such facility in
16 accordance with section 807(c)(2); and

17 “(iii) provide ambulatory care in a
18 Service Area (specified in the Funding
19 Agreement) with a population of no fewer
20 than 1,500 eligible Indians and other users
21 who are eligible for services in such facility
22 in accordance with section 807(c)(2).

23 “(2) ADDITIONAL ALLOWABLE USE.—The Sec-
24 retary may also reserve a portion of the funding pro-
25 vided under this section and use those reserved

1 funds to reduce an outstanding debt incurred by In-
2 dian Tribes or Tribal Organizations for the con-
3 struction, expansion, or modernization of an ambula-
4 tory care facility that meets the requirements under
5 paragraph (1). The provisions of this section shall
6 apply, except that such applications for funding
7 under this paragraph shall be considered separately
8 from applications for funding under paragraph (1).

9 “(3) USE ONLY FOR CERTAIN PORTION OF
10 COSTS.—Funding provided under this section may
11 be used only for the cost of that portion of a con-
12 struction, expansion, or modernization project or
13 debt reduction that benefits the Service population
14 identified above in subsection (b)(1)(C) (ii) and (iii).

15 “(4) APPLICABILITY OF REQUIREMENTS IN THE
16 CASE OF ISOLATED FACILITIES.—The requirements
17 of clauses (ii) and (iii) of paragraph (1)(C) shall not
18 apply to an Indian Tribe or Tribal Organization ap-
19 plying for funding under this section for a health
20 care facility located or to be constructed on an is-
21 land or when such facility is not located on a road
22 system providing direct access to an inpatient hos-
23 pital where care is available to the Service popu-
24 lation.

25 “(c) FUNDING.—

1 “(1) APPLICATION.—No funding may be made
2 available under this section unless an application or
3 proposal for such funding has been approved by the
4 Secretary in accordance with applicable regulations
5 and has provided reasonable assurance by the appli-
6 cant that, at all times after the construction, expan-
7 sion, or modernization of a facility carried out pur-
8 suant to funding received under this section—

9 “(A) adequate financial support will be
10 available for the provision of services at such
11 facility;

12 “(B) such facility will be available to eligi-
13 ble Indians without regard to ability to pay or
14 source of payment; and

15 “(C) such facility will, as feasible without
16 diminishing the quality or quantity of services
17 provided to eligible Indians, serve noneligible
18 persons on a cost basis.

19 “(2) PRIORITY.—In awarding funding under
20 this section, the Secretary shall give priority to In-
21 dian Tribes and Tribal Organizations that
22 demonstrate—

23 “(A) a need for increased ambulatory care
24 services; and

1 “(B) insufficient capacity to deliver such
2 services.

3 “(3) PEER REVIEW PANELS.—The Secretary
4 may provide for the establishment of peer review
5 panels, as necessary, to review and evaluate applica-
6 tions and proposals and to advise the Secretary re-
7 garding such applications using the criteria devel-
8 oped during consultations pursuant to subsection
9 (a)(1).

10 “(d) REVERSION OF FACILITIES.—If any facility (or
11 portion thereof) with respect to which funds have been
12 paid under this section, ceases, within 5 years after com-
13 pletion of the construction, expansion, or modernization
14 carried out with such funds, to be used for the purposes
15 of providing health care services to eligible Indians, all of
16 the right, title, and interest in and to such facility (or por-
17 tion thereof) shall transfer to the United States unless
18 otherwise negotiated by the Service and the Indian Tribe
19 or Tribal Organization.

20 “(e) FUNDING NONRECURRING.—Funding provided
21 under this section shall be nonrecurring and shall not be
22 available for inclusion in any individual Indian Tribe’s
23 tribal share for an award under the Indian Self-Deter-
24 mination and Education Assistance Act or for reallocation
25 or redesign thereunder.

1 **“SEC. 306. INDIAN HEALTH CARE DELIVERY DEMONSTRA-**
2 **TION PROJECT.**

3 “(a) HEALTH CARE DEMONSTRATION PROJECTS.—
4 The Secretary, acting through the Service, and in con-
5 sultation with Indian Tribes and Tribal Organizations, is
6 authorized to enter into construction project agreements
7 and construction contracts under the Indian Self-Deter-
8 mination and Education Assistance Act (25 U.S.C. 450
9 et seq.) with Indian Tribes or Tribal Organizations for the
10 purpose of carrying out a health care delivery demonstra-
11 tion project to test alternative means of delivering health
12 care and services to Indians through facilities, including
13 but not limited to hospice, traditional Indian health, and
14 child care facilities.

15 “(b) USE OF FUNDS.—The Secretary, in approving
16 projects pursuant to this section, may authorize funding
17 for the construction and renovation of hospitals, health
18 centers, health stations, and other facilities to deliver
19 health care services and is authorized to—

20 “(1) waive any leasing prohibition;

21 “(2) permit carryover of funds appropriated for
22 the provision of health care services;

23 “(3) permit the use of other available funds;

24 “(4) permit the use of funds or property do-
25 nated from any source for project purposes;

1 “(5) provide for the reversion of donated real or
2 personal property to the donor; and

3 “(6) permit the use of Service funds to match
4 other funds, including Federal funds.

5 “(c) REGULATIONS.—The Secretary shall develop
6 and promulgate regulations not later than 1 year after the
7 date of enactment of the Indian Health Care Improvement
8 Act Amendments of 2004. If the Secretary has not pro-
9 mulgated regulations by that date, the Secretary shall de-
10 velop and publish regulations, through rulemaking under
11 section 802, for the review and approval of applications
12 submitted under this section.

13 “(d) CRITERIA.—The Secretary may approve projects
14 that meet the following criteria:

15 “(1) There is a need for a new facility or pro-
16 gram or the reorientation of an existing facility or
17 program.

18 “(2) A significant number of Indians, including
19 those with low health status, will be served by the
20 project.

21 “(3) The project has the potential to deliver
22 services in an efficient and effective manner.

23 “(4) The project is economically viable.

1 “(5) The Indian Tribe or Tribal Organization
2 has the administrative and financial capability to ad-
3 minister the project.

4 “(6) The project is integrated with providers of
5 related health and social services and is coordinated
6 with, and avoids duplication of, existing services.

7 “(e) PEER REVIEW PANELS.—The Secretary may
8 provide for the establishment of peer review panels, as nec-
9 essary, to review and evaluate applications using the cri-
10 teria developed pursuant to subsection (d).

11 “(f) PRIORITY.—The Secretary shall give priority to
12 applications for demonstration projects in each of the fol-
13 lowing Service Units to the extent that such applications
14 are timely filed and meet the criteria specified in sub-
15 section (d):

16 “(1) Cass Lake, Minnesota.

17 “(2) Clinton, Oklahoma.

18 “(3) Harlem, Montana.

19 “(4) Mescalero, New Mexico.

20 “(5) Owyhee, Nevada.

21 “(6) Parker, Arizona.

22 “(7) Schurz, Nevada.

23 “(8) Winnebago, Nebraska.

24 “(9) Ft. Yuma, California.

1 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
2 provide such technical and other assistance as may be nec-
3 essary to enable applicants to comply with the provisions
4 of this section.

5 “(h) SERVICE TO INELIGIBLE PERSONS.—The au-
6 thority to provide services to persons otherwise ineligible
7 for the health care benefits of the Service and the author-
8 ity to extend hospital privileges in Service facilities to non-
9 Service health practitioners as provided in section 807
10 may be included, subject to the terms of such section, in
11 any demonstration project approved pursuant to this sec-
12 tion.

13 “(i) EQUITABLE TREATMENT.—For purposes of sub-
14 section (d)(1), the Secretary shall, in evaluating facilities
15 operated under any Funding Agreement, use the same cri-
16 teria that the Secretary uses in evaluating facilities oper-
17 ated directly by the Service.

18 “(j) EQUITABLE INTEGRATION OF FACILITIES.—The
19 Secretary shall ensure that the planning, design, construc-
20 tion, renovation, and expansion needs of Service and non-
21 Service facilities which are the subject of a Funding
22 Agreement for health services are fully and equitably inte-
23 grated into the implementation of the health care delivery
24 demonstration projects under this section.

1 **“SEC. 307. LAND TRANSFER.**

2 “Notwithstanding any other provision of law, the Bu-
3 reau of Indian Affairs and all other agencies and depart-
4 ments of the United States are authorized to transfer, at
5 no cost, land and improvements to the Service for the pro-
6 vision of health care services. The Secretary is authorized
7 to accept such land and improvements for such purposes.

8 **“SEC. 308. LEASES, CONTRACTS, AND OTHER AGREEMENTS.**

9 “The Secretary, acting through the Service, may
10 enter into leases, contracts, and other agreements with In-
11 dian Tribes and Tribal Organizations which hold (1) title
12 to, (2) a leasehold interest in, or (3) a beneficial interest
13 in (when title is held by the United States in trust for
14 the benefit of an Indian Tribe) facilities used or to be used
15 for the administration and delivery of health services by
16 an Indian Health Program. Such leases, contracts, or
17 agreements may include provisions for construction or ren-
18 ovation and provide for compensation to the Indian Tribe
19 or Tribal Organization of rental and other costs consistent
20 with section 105(*l*) of the Indian Self-Determination and
21 Education Assistance Act and regulations thereunder.
22 Notwithstanding any other provision of law, such leases,
23 contracts, or other agreements shall be considered as oper-
24 ating leases for the purpose of scoring under the Balanced
25 Budget and Emergency Deficit Control Act of 1985 (2
26 U.S.C. 901 et seq.)

1 **“SEC. 309. STUDY ON LOANS, LOAN GUARANTEES, AND**
2 **LOAN REPAYMENT.**

3 “(a) IN GENERAL.—The Secretary, in consultation
4 with the Secretary of the Treasury, Indian Tribes, and
5 Tribal Organizations, shall carry out a study to determine
6 the feasibility of establishing a loan fund to provide to In-
7 dian Tribes and Tribal Organizations direct loans or guar-
8 antees for loans for the construction of health care facili-
9 ties, including—

10 “(1) inpatient facilities;

11 “(2) outpatient facilities;

12 “(3) staff quarters;

13 “(4) hostels; and

14 “(5) specialized care facilities, such as behav-
15 ioral health and elder care facilities.

16 “(b) DETERMINATIONS.—In carrying out the study
17 under subsection (a), the Secretary shall determine—

18 “(1) the maximum principal amount of a loan
19 or loan guarantee that should be offered to a recipi-
20 ent from the loan fund;

21 “(2) the percentage of eligible costs, not to ex-
22 ceed 100 percent, that may be covered by a loan or
23 loan guarantee from the loan fund (including costs
24 relating to planning, design, financing, site land de-
25 velopment, construction, rehabilitation, renovation,
26 conversion, improvements, medical equipment and

1 furnishings, and other facility-related costs and cap-
2 ital purchase (but excluding staffing));

3 “(3) the cumulative total of the principal of di-
4 rect loans and loan guarantees, respectively, that
5 may be outstanding at any 1 time;

6 “(4) the maximum term of a loan or loan guar-
7 antee that may be made for a facility from the loan
8 fund;

9 “(5) the maximum percentage of funds from
10 the loan fund that should be allocated for payment
11 of costs associated with planning and applying for a
12 loan or loan guarantee;

13 “(6) whether acceptance by the Secretary of an
14 assignment of the revenue of an Indian Tribe or
15 Tribal Organization as security for any direct loan
16 or loan guarantee from the loan fund would be ap-
17 propriate;

18 “(7) whether, in the planning and design of
19 health facilities under this section, users eligible
20 under section 807(c) may be included in any projec-
21 tion of patient population;

22 “(8) whether funds of the Service provided
23 through loans or loan guarantees from the loan fund
24 should be eligible for use in matching other Federal
25 funds under other programs;

“(9) the appropriateness of, and best methods
for, coordinating the loan fund with the health care
priority system of the Service under section 301; and

“(10) any legislative or regulatory changes re-
quired to implement recommendations of the Sec-
retary based on results of the study.

7 “(c) REPORT.—Not later than September 30, 2006,
8 the Secretary shall submit to the Committee on Indian Af-
9 fairs of the Senate and the Committee on Resources and
10 the Committee on Energy and Commerce of the House
11 of Representatives a report that describes—

12 “(1) the manner of consultation made as re-
13 quired by subsection (a); and

“(2) the results of the study, including any recommendations of the Secretary based on results of the study.

17 **“SEC. 310. TRIBAL LEASING.**

18 “A Tribal Health Program may lease permanent
19 structures for the purpose of providing health care services
20 without obtaining advance approval in appropriation Acts.

21 "SEC. 311. INDIAN HEALTH SERVICE/TRIBAL FACILITIES
22 JOINT VENTURE PROGRAM.

23 “(a) IN GENERAL.—The Secretary, acting through
24 the Service, is authorized to negotiate and enter into ar-
25 rangements with Indian Tribes and Tribal Organizations

1 to establish joint venture demonstration projects under
2 which an Indian Tribe or Tribal Organization shall expend
3 tribal, private, or other available funds, for the acquisition
4 or construction of a health facility for a minimum of 10
5 years, under a no-cost lease, in exchange for agreement
6 by the Service to provide the equipment, supplies, and
7 staffing for the operation and maintenance of such a
8 health facility. An Indian Tribe or Tribal Organization
9 may use tribal funds, private sector, or other available re-
10 sources, including loan guarantees, to fulfill its commit-
11 ment under a joint venture entered into under this sub-
12 section. An Indian Tribe or Tribal Organization shall be
13 eligible under this section if, when it submits a letter of
14 intent, it—

15 “(1) has begun but not completed the process
16 of acquisition or construction of a health facility to
17 be used in the joint venture project; or

18 “(2) has not begun the process of acquisition or
19 construction of a health facility for use in the joint
20 venture project.

21 “(b) REQUIREMENTS.—The Secretary shall make
22 such an arrangement with an Indian Tribe or Tribal Orga-
23 nization only if—

24 “(1) the Secretary first determines that the In-
25 dian Tribe or Tribal Organization has the adminis-

1 trative and financial capabilities necessary to com-
2 plete the timely acquisition or construction of the
3 relevant health facility; and

4 “(2) the Indian Tribe or Tribal Organization
5 meets the need criteria which shall be developed
6 through the negotiated rulemaking process provided
7 for under section 802.

8 “(c) CONTINUED OPERATION.—The Secretary shall
9 negotiate an agreement with the Indian Tribe or Tribal
10 Organization regarding the continued operation of the fa-
11 cility at the end of the initial 10 year no-cost lease period.

12 “(d) BREACH OF AGREEMENT.—An Indian Tribe or
13 Tribal Organization that has entered into a written agree-
14 ment with the Secretary under this section, and that
15 breaches or terminates without cause such agreement,
16 shall be liable to the United States for the amount that
17 has been paid to the Indian Tribe or Tribal Organization,
18 or paid to a third party on the Indian Tribe’s or Tribal
19 Organization’s behalf, under the agreement. The Sec-
20 retary has the right to recover tangible property (including
21 supplies) and equipment, less depreciation, and any funds
22 expended for operations and maintenance under this sec-
23 tion. The preceding sentence does not apply to any funds
24 expended for the delivery of health care services, per-
25 sonnel, or staffing.

1 “(e) RECOVERY FOR NONUSE.—An Indian Tribe or
2 Tribal Organization that has entered into a written agree-
3 ment with the Secretary under this subsection shall be en-
4 titled to recover from the United States an amount that
5 is proportional to the value of such facility if, at any time
6 within the 10-year term of the agreement, the Service
7 ceases to use the facility or otherwise breaches the agree-
8 ment.

9 “(f) DEFINITION.—For the purposes of this section,
10 the term ‘health facility’ or ‘health facilities’ includes
11 quarters needed to provide housing for staff of the rel-
12 evant Tribal Health Program.

13 **“SEC. 312. LOCATION OF FACILITIES.**

14 “(a) IN GENERAL.—In all matters involving the reor-
15 ganization or development of Service facilities or in the
16 establishment of related employment projects to address
17 unemployment conditions in economically depressed areas,
18 the Bureau of Indian Affairs and the Service shall give
19 priority to locating such facilities and projects on Indian
20 lands if requested by the Indian owner and the Indian
21 Tribe with jurisdiction over such lands or other lands
22 owned or leased by the Indian Tribe or Tribal Organiza-
23 tion. Top priority shall be given to Indian land owned by
24 1 or more Indian Tribes.

1 “(b) DEFINITION.—For purposes of this section, the
2 term ‘Indian lands’ means—

3 “(1) all lands within the exterior boundaries of
4 any reservation;

5 “(2) any lands title to which is held in trust by
6 the United States for the benefit of any Indian
7 Tribe or individual Indian or held by any Indian
8 Tribe or individual Indian subject to restriction by
9 the United States against alienation; and

10 “(3) all lands in Alaska owned by any Alaska
11 Native village, or village or regional corporation
12 under the Alaska Native Claims Settlement Act, or
13 any land allotted to any Alaska Native.

14 **“SEC. 313. MAINTENANCE AND IMPROVEMENT OF HEALTH**
15 **CARE FACILITIES.**

16 “(a) REPORT.—The Secretary shall submit to the
17 President, for inclusion in the report required to be trans-
18 mitted to Congress under section 801, a report which iden-
19 tifies the backlog of maintenance and repair work required
20 at both Service and tribal health care facilities, including
21 new health care facilities expected to be in operation in
22 the next fiscal year. The report shall also identify the need
23 for renovation and expansion of existing facilities to sup-
24 port the growth of health care programs.

1 “(b) MAINTENANCE OF NEWLY CONSTRUCTED
2 SPACE.—The Secretary, acting through the Service, is au-
3 thorized to expend maintenance and improvement funds
4 to support maintenance of newly constructed space only
5 if such space falls within the approved supportable space
6 allocation for the Indian Tribe or Tribal Organization.
7 Supportable space allocation shall be defined through the
8 negotiated rulemaking process provided for under section
9 802.

10 “(c) REPLACEMENT FACILITIES.—In addition to
11 using maintenance and improvement funds for renovation,
12 modernization, and expansion of facilities, an Indian Tribe
13 or Tribal Organization may use maintenance and improve-
14 ment funds for construction of a replacement facility if
15 the costs of renovation of such facility would exceed a
16 maximum renovation cost threshold. The maximum ren-
17 ovation cost threshold shall be determined through the ne-
18 gotiated rulemaking process provided for under section
19 802.

20 **“SEC. 314. TRIBAL MANAGEMENT OF FEDERALLY OWNED**
21 **QUARTERS.**

22 “(a) RENTAL RATES.—

23 “(1) ESTABLISHMENT.—Notwithstanding any
24 other provision of law, a Tribal Health Program
25 which operates a hospital or other health facility and

1 the federally owned quarters associated therewith
2 pursuant to a Funding Agreement shall have the au-
3 thority to establish the rental rates charged to the
4 occupants of such quarters by providing notice to
5 the Secretary of its election to exercise such author-
6 ity.

7 “(2) OBJECTIVES.—In establishing rental rates
8 pursuant to authority of this subsection, a Tribal
9 Health Program shall endeavor to achieve the fol-
10 lowing objectives:

11 “(A) To base such rental rates on the rea-
12 sonable value of the quarters to the occupants
13 thereof.

14 “(B) To generate sufficient funds to pru-
15 dently provide for the operation and mainte-
16 nance of the quarters, and subject to the discre-
17 tion of the Tribal Health Program, to supply
18 reserve funds for capital repairs and replace-
19 ment of the quarters.

20 “(3) EQUITABLE FUNDING.—Any quarters
21 whose rental rates are established by a Tribal
22 Health Program pursuant to this subsection shall
23 remain eligible for quarters improvement and repair
24 funds to the same extent as all federally owned

1 quarters used to house personnel in Services-sup-
2 ported programs.

3 “(4) NOTICE OF RATE CHANGE.—A Tribal
4 Health Program which exercises the authority pro-
5 vided under this subsection shall provide occupants
6 with no less than 60 days notice of any change in
7 rental rates.

8 “(b) DIRECT COLLECTION OF RENT.—

9 “(1) IN GENERAL.—Notwithstanding any other
10 provision of law, and subject to paragraph (2), a
11 Tribal Health Program shall have the authority to
12 collect rents directly from Federal employees who oc-
13 cupy such quarters in accordance with the following:

14 “(A) The Tribal Health Program shall no-
15 tify the Secretary and the subject Federal em-
16 ployees of its election to exercise its authority
17 to collect rents directly from such Federal em-
18 ployees.

19 “(B) Upon receipt of a notice described in
20 subparagraph (A), the Federal employees shall
21 pay rents for occupancy of such quarters di-
22 rectly to the Tribal Health Program and the
23 Secretary shall have no further authority to col-
24 lect rents from such employees through payroll
25 deduction or otherwise.

1 “(C) Such rent payments shall be retained
2 by the Tribal Health Program and shall not be
3 made payable to or otherwise be deposited with
4 the United States.

5 “(D) Such rent payments shall be depos-
6 ited into a separate account which shall be used
7 by the Tribal Health Program for the mainte-
8 nance (including capital repairs and replace-
9 ment) and operation of the quarters and facili-
10 ties as the Tribal Health Program shall deter-
11 mine.

12 “(2) RETROCESSION OF AUTHORITY.—If a
13 Tribal Health Program which has made an election
14 under paragraph (1) requests retrocession of its au-
15 thority to directly collect rents from Federal employ-
16 ees occupying federally owned quarters, such ret-
17 rocession shall become effective on the earlier of—

18 “(A) the first day of the month that begins
19 no less than 180 days after the Tribal Health
20 Program notifies the Secretary of its desire to
21 retrocede; or

22 “(B) such other date as may be mutually
23 agreed by the Secretary and the Tribal Health
24 Program.

1 “(c) RATES IN ALASKA.—To the extent that a Tribal
2 Health Program, pursuant to authority granted in sub-
3 section (a), establishes rental rates for federally owned
4 quarters provided to a Federal employee in Alaska, such
5 rents may be based on the cost of comparable private rent-
6 al housing in the nearest established community with a
7 year-round population of 1,500 or more individuals.

8 **“SEC. 315. APPLICABILITY OF BUY AMERICAN ACT RE-**
9 **QUIREMENT.**

10 “(a) APPLICABILITY.—The Secretary shall ensure
11 that the requirements of the Buy American Act apply to
12 all procurements made with funds provided pursuant to
13 section 317. Indian Tribes and Tribal Organizations shall
14 be exempt from these requirements.

15 “(b) EFFECT OF VIOLATION.—If it has been finally
16 determined by a court or Federal agency that any person
17 intentionally affixed a label bearing a ‘Made in America’
18 inscription or any inscription with the same meaning, to
19 any product sold in or shipped to the United States that
20 is not made in the United States, such person shall be
21 ineligible to receive any contract or subcontract made with
22 funds provided pursuant to section 317, pursuant to the
23 debarment, suspension, and ineligibility procedures de-
24 scribed in sections 9.400 through 9.409 of title 48, Code
25 of Federal Regulations.

1 “(c) DEFINITIONS.—For purposes of this section, the
2 term ‘Buy American Act’ means title III of the Act enti-
3 tled ‘An Act making appropriations for the Treasury and
4 Post Office Departments for the fiscal year ending June
5 30, 1934, and for other purposes’, approved March 3,
6 1933 (41 U.S.C. 10a et seq.).

7 **“SEC. 316. OTHER FUNDING FOR FACILITIES.**

8 “(a) AUTHORITY TO ACCEPT FUNDS.—The Sec-
9 retary is authorized to accept from any source, including
10 Federal and State agencies, funds that are available for
11 the construction of health care facilities and use such
12 funds to plan, design, and construct health care facilities
13 for Indians and to transfer such funds to Indian Tribes
14 or Tribal Organizations through construction project
15 agreements or construction contracts under the Indian
16 Self-Determination and Education Assistance Act (25
17 U.S.C. 450 et seq.). Receipt of such funds shall have no
18 effect on the priorities established pursuant to section
19 301.

20 “(b) INTERAGENCY AGREEMENTS.—The Secretary is
21 authorized to enter into interagency agreements with
22 other Federal agencies or State agencies and other entities
23 and to accept funds from such Federal or State agencies
24 or other sources to provide for the planning, design, and
25 construction of health care facilities to be administered by

1 Indian Health Programs in order to carry out the pur-
2 poses of this Act and the purposes for which the funds
3 were appropriated or for which the funds were otherwise
4 provided.

5 “(c) TRANSFERRED FUNDS.—Any Federal agency to
6 which funds for the construction of health care facilities
7 are appropriated is authorized to transfer such funds to
8 the Secretary for the construction of health care facilities
9 to carry out the purposes of this Act as well as the pur-
10 poses for which such funds are appropriated to such other
11 Federal agency.

12 “(d) ESTABLISHMENT OF STANDARDS.—The Sec-
13 retary, through the Service, shall establish standards by
14 regulation, developed by rulemaking under section 802, for
15 the planning, design, and construction of health care fa-
16 cilities serving Indians under this Act.

17 **“SEC. 317. AUTHORIZATION OF APPROPRIATIONS.**

18 “There are authorized to be appropriated such sums
19 as may be necessary for each fiscal year through fiscal
20 year 2015 to carry out this title.

1 **“TITLE IV—ACCESS TO HEALTH**
2 **SERVICES**

3 **“SEC. 401. TREATMENT OF PAYMENTS UNDER SOCIAL SE-**
4 **CURITY ACT HEALTH CARE PROGRAMS.**

5 “(a) DISREGARD OF MEDICARE, MEDICAID, AND
6 SCHIP PAYMENTS IN DETERMINING APPROPRIATIONS.—
7 Any payments received by an Indian Health Program or
8 by an Urban Indian Organization made under title XVIII,
9 XIX, or XXI of the Social Security Act for services pro-
10 vided to Indians eligible for benefits under such respective
11 titles shall not be considered in determining appropria-
12 tions for the provision of health care and services to Indi-
13 ans.

14 “(b) NONPREFERENTIAL TREATMENT.—Nothing in
15 this Act authorizes the Secretary to provide services to an
16 Indian with coverage under title XVIII, XIX, or XXI of
17 the Social Security Act in preference to an Indian without
18 such coverage.

19 “(c) USE OF FUNDS.—

20 “(1) SPECIAL FUND.—Notwithstanding any
21 other provision of law, but subject to paragraph (2),
22 payments to which a facility of the Service is enti-
23 tled by reason of a provision of the Social Security
24 Act shall be placed in a special fund to be held by
25 the Secretary and first used (to such extent or in

1 such amounts as are provided in appropriation Acts)
2 for the purpose of making any improvements in the
3 programs of the Service which may be necessary to
4 achieve or maintain compliance with the applicable
5 conditions and requirements of titles XVIII, XIX,
6 and XXI of the Social Security Act. Any amounts to
7 be reimbursed that are in excess of the amount nec-
8 essary to achieve or maintain such conditions and
9 requirements shall, subject to the consultation with
10 Indian Tribes being served by the Service Unit, be
11 used for reducing the health resource deficiencies of
12 the Indian Tribes. In making payments from such
13 fund, the Secretary shall ensure that each Service
14 Unit of the Service receives 100 percent of the
15 amount to which the facilities of the Service, for
16 which such Service Unit makes collections, are enti-
17 tled by reason of a provision of the Social Security
18 Act.

19 “(2) DIRECT PAYMENT OPTION.—Paragraph
20 (1) shall not apply upon the election of a Tribal
21 Health Program under subsection (d) to receive pay-
22 ments directly. No payment may be made out of the
23 special fund described in such paragraph with re-
24 spect to reimbursement made for services provided
25 during the period of such election.

1 “(d) DIRECT BILLING.—

2 “(1) IN GENERAL.—A Tribal Health Program
3 may directly bill for, and receive payment for, health
4 care items and services provided by such Indian
5 Tribe or Tribal organization for which payment is
6 made under title XVIII, XIX, or XXI of the Social
7 Security Act or from any other third party payor.

8 “(2) DIRECT REIMBURSEMENT.—

9 “(A) USE OF FUNDS.—Each Tribal Health
10 Program exercising the option described in
11 paragraph (1) with respect to a program under
12 a title of the Social Security Act shall be reim-
13 bursed directly by that program for items and
14 services furnished without regard to section
15 401(c), but all amounts so reimbursed shall be
16 used by the Tribal Health Program for the pur-
17 pose of making any improvements in Tribal fa-
18 cilities or Tribal Health Programs that may be
19 necessary to achieve or maintain compliance
20 with the conditions and requirements applicable
21 generally to such items and services under the
22 program under such title and to provide addi-
23 tional health care services, improvements in
24 health care facilities and Tribal Health Pro-
25 grams, any health care-related purpose, or oth-

1 erwise to achieve the objectives provided in sec-
2 tion 3 of this Act.

3 “(B) AUDITS.—The amounts paid to an
4 Indian Tribe or Tribal Organization exercising
5 the option described in paragraph (1) with re-
6 spect to a program under a title of the Social
7 Security Act shall be subject to all auditing re-
8 quirements applicable to programs administered
9 by an Indian Health Program.

10 “(C) IDENTIFICATION OF SOURCE OF PAY-
11 MENTS.—If an Indian Tribe or Tribal Organi-
12 zation receives funding from the Service under
13 the Indian Self-Determination and Education
14 Assistance Act or an Urban Indian Organiza-
15 tion receives funding from the Service under
16 title V of this Act and receives reimbursements
17 or payments under title XVIII, XIX, or XXI of
18 the Social Security Act, such Indian Tribe or
19 Tribal Organization, or Urban Indian Organiza-
20 tion, shall provide to the Service a list of each
21 provider enrollment number (or other identifier)
22 under which it receives such reimbursements or
23 payments.

24 “(3) EXAMINATION AND IMPLEMENTATION OF
25 CHANGES.—The Secretary, acting through the Serv-

1 ice and with the assistance of the Administrator of
2 the Centers for Medicare & Medicaid Services, shall
3 examine on an ongoing basis and implement any ad-
4 ministrative changes that may be necessary to facili-
5 tate direct billing and reimbursement under the pro-
6 gram established under this subsection, including
7 any agreements with States that may be necessary
8 to provide for direct billing under a program under
9 a title of the Social Security Act.

10 “(4) WITHDRAWAL FROM PROGRAM.—A Tribal
11 Health Program that bills directly under the pro-
12 gram established under this subsection may with-
13 draw from participation in the same manner and
14 under the same conditions that an Indian Tribe or
15 Tribal Organization may retrocede a contracted pro-
16 gram to the Secretary under the authority of the In-
17 dian Self-Determination and Education Assistance
18 Act (25 U.S.C. 450 et seq.). All cost accounting and
19 billing authority under the program established
20 under this subsection shall be returned to the Sec-
21 retary upon the Secretary’s acceptance of the with-
22 drawal of participation in this program.

1 **“SEC. 402. GRANTS TO AND FUNDING AGREEMENTS WITH**
2 **THE SERVICE, INDIAN TRIBES, TRIBAL ORGA-**
3 **NIZATIONS, AND URBAN INDIAN ORGANIZA-**
4 **TIONS.**

5 “(a) INDIAN TRIBES AND TRIBAL ORGANIZA-
6 TIONS.—The Secretary, acting through the Service, shall
7 make grants to or enter into Funding Agreements with
8 Indian Tribes and Tribal Organizations to assist such
9 Tribes and Tribal Organizations in establishing and ad-
10 ministering programs on or near reservations and trust
11 lands to assist individual Indians—

12 “(1) to enroll for benefits under title XVIII,
13 XIX, or XXI of the Social Security Act and other
14 health benefits programs; and

15 “(2) to pay premiums for coverage for such
16 benefits, which may be based on financial need (as
17 determined by the Indian Tribe or Tribes being
18 served based on a schedule of income levels devel-
19 oped or implemented by such Tribe or Tribes).

20 “(b) CONDITIONS.—The Secretary, acting through
21 the Service, shall place conditions as deemed necessary to
22 effect the purpose of this section in any grant or Funding
23 Agreement which the Secretary makes with any Indian
24 Tribe or Tribal Organization pursuant to this section.
25 Such conditions shall include requirements that the Indian
26 Tribe or Tribal Organization successfully undertake—

1 “(1) to determine the population of Indians eli-
2 gible for the benefits described in subsection (a);

3 “(2) to educate Indians with respect to the ben-
4 efits available under the respective programs;

5 “(3) to provide transportation for such indi-
6 vidual Indians to the appropriate offices for enroll-
7 ment or applications for such benefits; and

8 “(4) to develop and implement methods of im-
9 proving the participation of Indians in receiving the
10 benefits provided under titles XVIII, XIX, and XXI
11 of the Social Security Act.

12 “(c) AGREEMENTS RELATING TO IMPROVING EN-
13 ROLLMENT OF INDIANS UNDER SOCIAL SECURITY ACT
14 PROGRAMS.—

15 “(1) AGREEMENTS WITH SECRETARY TO IM-
16 PROVE RECEIPT AND PROCESSING OF APPLICA-
17 TIONS.—

18 “(A) AUTHORIZATION.—The Secretary,
19 acting through the Service, may enter into an
20 agreement with an Indian Tribe, Tribal Organi-
21 zation, or Urban Indian Organization which
22 provides for the receipt and processing of appli-
23 cations by Indians for assistance under titles
24 XIX and XXI of the Social Security Act, and
25 benefits under title XVIII of such Act, by an

1 Indian Health Program or Urban Indian Orga-
2 nization.

3 “(B) REIMBURSEMENT OF COSTS.—Such
4 agreements may provide for reimbursement of
5 costs of outreach, education regarding eligibility
6 and benefits, and translation when such services
7 are provided. The reimbursement may, as ap-
8 propriate, be added to the applicable rate per
9 encounter or be provided as a separate fee-for-
10 service payment to the Indian Tribe or Tribal
11 Organization.

12 “(C) PROCESSING CLARIFIED.—In this
13 paragraph, the term ‘processing’ does not in-
14 clude a final determination of eligibility.

15 “(2) AGREEMENTS WITH STATES FOR OUT-
16 REACH ON OR NEAR RESERVATION.—

17 “(A) IN GENERAL.—In order to improve
18 the access of Indians residing on or near a res-
19 ervation to obtain benefits under title XIX or
20 XXI of the Social Security Act, as a condition
21 of continuing approval of a State plan under
22 such title, the State shall take steps as to pro-
23 vide for enrollment on or near the reservation.
24 Such steps may include outreach efforts such as
25 the outstationing of eligibility workers, entering

1 into agreements with Indian Tribes and Tribal
2 Organizations to provide outreach, education re-
3 garding eligibility and benefits, enrollment, and
4 translation services when such services are pro-
5 vided.

6 “(B) CONSTRUCTION.—Nothing in sub-
7 paragraph (A) shall be construed as affecting
8 arrangements entered into between States and
9 Indian Tribes and Tribal Organizations for
10 such Indian Tribes and Tribal Organizations to
11 conduct administrative activities under such ti-
12 tles.

13 “(d) FACILITATING COOPERATION.—The Secretary,
14 acting through the Centers for Medicare & Medicaid Serv-
15 ices, shall take such steps as are necessary to facilitate
16 cooperation with, and agreements between, States and the
17 Service, Indian Tribes, Tribal Organizations, or Urban In-
18 dian Organizations.

19 “(e) APPLICATION TO URBAN INDIAN ORGANIZA-
20 TIONS.—

21 “(1) IN GENERAL.—The provisions of sub-
22 section (a) shall apply with respect to grants and
23 other funding to Urban Indian Organizations with
24 respect to populations served by such organizations
25 in the same manner they apply to grants and Fund-

1 ing Agreements with Indian Tribes and Tribal Orga-
2 nizations with respect to programs on or near res-
3 ervations.

4 “(2) REQUIREMENTS.—The Secretary shall in-
5 clude in the grants or Funding Agreements made or
6 provided under paragraph (1) requirements that
7 are—

8 “(A) consistent with the requirements im-
9 posed by the Secretary under subsection (b);

10 “(B) appropriate to Urban Indian Organi-
11 zations and Urban Indians; and

12 “(C) necessary to effect the purposes of
13 this section.

14 **“SEC. 403. REIMBURSEMENT FROM CERTAIN THIRD PAR-**
15 **TIES OF COSTS OF HEALTH SERVICES.**

16 “(a) RIGHT OF RECOVERY.—Except as provided in
17 subsection (f), the United States, an Indian Tribe, or
18 Tribal Organization shall have the right to recover from
19 an insurance company, health maintenance organization,
20 employee benefit plan, third-party tortfeasor, or any other
21 responsible or liable third party (including a political sub-
22 division or local governmental entity of a State) the rea-
23 sonable charges billed (or, if charges are not billed, the
24 operational, administrative, and other expenses incurred)
25 by the Secretary, an Indian Tribe, or Tribal Organization

1 in providing health services, through the Service, an In-
2 dian Tribe, or Tribal Organization to any individual to the
3 same extent that such individual, or any nongovernmental
4 provider of such services, would be eligible to receive dam-
5 ages, reimbursement, or indemnification for such charges
6 or expenses if—

7 “(1) such services had been provided by a non-
8 governmental provider; and

9 “(2) such individual had been required to pay
10 such charges or expenses and did pay such charges
11 or expenses.

12 “(b) LIMITATIONS ON RECOVERIES FROM STATES.—
13 Subsection (a) shall provide a right of recovery against
14 any State, only if the injury, illness, or disability for which
15 health services were provided is covered under—

16 “(1) workers’ compensation laws; or

17 “(2) a no-fault automobile accident insurance
18 plan or program.

19 “(c) NONAPPLICATION OF OTHER LAWS.—No law of
20 any State, or of any political subdivision of a State and
21 no provision of any contract, insurance or health mainte-
22 nance organization policy, employee benefit plan, self-in-
23 surance plan, managed care plan, or other health care plan
24 or program entered into or renewed after the date of the
25 enactment of the Indian Health Care Amendments of

1 1988, shall prevent or hinder the right of recovery of the
2 United States, an Indian Tribe, or Tribal Organization
3 under subsection (a).

4 “(d) NO EFFECT ON PRIVATE RIGHTS OF ACTION.—
5 No action taken by the United States, an Indian Tribe,
6 or Tribal Organization to enforce the right of recovery
7 provided under this section shall operate to deny to the
8 injured person the recovery for that portion of the person’s
9 damage not covered hereunder.

10 “(e) ENFORCEMENT.—

11 “(1) IN GENERAL.—The United States, an In-
12 dian Tribe, or Tribal Organization may enforce the
13 right of recovery provided under subsection (a) by—

14 “(A) intervening or joining in any civil ac-
15 tion or proceeding brought—

16 “(i) by the individual for whom health
17 services were provided by the Secretary, an
18 Indian Tribe, or Tribal Organization; or

19 “(ii) by any representative or heirs of
20 such individual, or

21 “(B) instituting a civil action, including a
22 civil action for injunctive relief and other relief
23 and including, with respect to a political sub-
24 division or local governmental entity of a State,
25 such an action against an official thereof.

1 “(2) NOTICE.—All reasonable efforts shall be
2 made to provide notice of action instituted under
3 paragraph (1)(B) to the individual to whom health
4 services were provided, either before or during the
5 pendency of such action.

6 “(f) LIMITATION.—Absent specific written authoriza-
7 tion by the governing body of an Indian Tribe for the pe-
8 riod of such authorization (which may not be for a period
9 of more than 1 year and which may be revoked at any
10 time upon written notice by the governing body to the
11 Service), the United States shall not have a right of recov-
12 ery under this section if the injury, illness, or disability
13 for which health services were provided is covered under
14 a self-insurance plan funded by an Indian Tribe, Tribal
15 Organization, or Urban Indian Organization. Where such
16 authorization is provided, the Service may receive and ex-
17 pend such amounts for the provision of additional health
18 services consistent with such authorization.

19 “(g) COSTS AND ATTORNEYS’ FEES.—In any action
20 brought to enforce the provisions of this section, a pre-
21 vailing plaintiff shall be awarded its reasonable attorneys’
22 fees and costs of litigation.

23 “(h) RIGHT OF ACTION AGAINST INSURERS, HMOs,
24 EMPLOYEE BENEFIT PLANS, SELF-INSURANCE PLANS,
25 AND OTHER HEALTH CARE PLANS OR PROGRAMS.—

1 Where an insurance company, health maintenance organi-
2 zation, employee benefit plan, self-insurance plan, man-
3 aged care plan, or other health care plan or program fails
4 or refuses to pay the amount due under subsection (a)
5 for services provided to an individual who is a beneficiary,
6 participant, or insured of such company, organization,
7 plan, or program, the United States, Indian Tribe, or
8 Tribal Organization shall have a right to assert and pur-
9 sue all the claims and remedies against such company, or-
10 ganization, plan, or program and against the fiduciaries
11 of such company, organization, plan, or program that the
12 individual could assert or pursue under the terms of the
13 contract, program, or plan or applicable Federal, State,
14 or Tribal law.

15 “(i) NONAPPLICATION OF CLAIMS FILING REQUIRE-
16 MENTS.—An insurance company, health maintenance or-
17 ganization, self-insurance plan, managed care plan, or
18 other health care plan or program (under the Social Secu-
19 rity Act or otherwise) may not deny a claim for benefits
20 submitted by the Service or by an Indian Tribe or Tribal
21 Organization based on the format in which the claim is
22 submitted if such format complies with the format re-
23 quired for submission of claims under title XVIII of the
24 Social Security Act or recognized under section 1175 of
25 such Act.

1 “(j) APPLICATION TO URBAN INDIAN ORGANIZA-
2 TIONS.—The previous provisions of this section shall apply
3 to Urban Indian Organizations with respect to populations
4 served by such Organizations in the same manner they
5 apply to Indian Tribes and Tribal Organizations with re-
6 spect to populations served by such Indian Tribes and
7 Tribal Organizations.

8 “(k) STATUTE OF LIMITATIONS.—The provisions of
9 section 2415 of title 28, United States Code, shall apply
10 to all actions commenced under this section, and the ref-
11 erences therein to the United States are deemed to include
12 Indian Tribes, Tribal Organizations, and Urban Indian
13 Organizations.

14 “(l) SAVINGS.—Nothing in this section shall be con-
15 strued to limit any right of recovery available to the
16 United States, an Indian Tribe, or Tribal Organization
17 under the provisions of any applicable, Federal, State, or
18 Tribal law, including medical lien laws and the Federal
19 Medical Care Recovery Act (42 U.S.C. 2651 et seq.).

20 **“SEC. 404. CREDITING OF REIMBURSEMENTS.**

21 “(a) USE OF AMOUNTS.—

22 “(1) RETENTION BY PROGRAM.—Except as pro-
23 vided in section 202(g) (relating to the Catastrophic
24 Health Emergency Fund) and section 807 (relating
25 to health services for ineligible persons), all reim-

1 bursements received or recovered under any of the
2 programs described in paragraph (2), including
3 under section 807, by reason of the provision of
4 health services by the Service, by an Indian Tribe or
5 Tribal Organization, or by an Urban Indian Organi-
6 zation, shall be credited to the Service, such Indian
7 Tribe or Tribal Organization, or such Urban Indian
8 Organization, respectively, and may be used as pro-
9 vided in section 401. In the case of such a service
10 provided by or through a Service Unit, such
11 amounts shall be credited to such unit and used for
12 such purposes.

13 “(2) PROGRAMS COVERED.—The programs re-
14 ferred to in paragraph (1) are the following:

15 “(A) Titles XVIII, XIX, and XXI of the
16 Social Security Act.

17 “(B) This Act, including section 807.

18 “(C) Public Law 87–693.

19 “(D) Any other provision of law.

20 “(b) NO OFFSET OF AMOUNTS.—The Service may
21 not offset or limit any amount obligated to any Service
22 Unit or entity receiving funding from the Service because
23 of the receipt of reimbursements under subsection (a).

1 **“SEC. 405. PURCHASING HEALTH CARE COVERAGE.**

2 “(a) IN GENERAL.—Insofar as amounts are made
3 available under law (including a provision of the Social
4 Security Act, the Indian Self-Determination and Edu-
5 cation Assistance Act, or other law, other than under sec-
6 tion 402) to Indian Tribes, Tribal Organizations, and
7 Urban Indian Organizations for health benefits for Service
8 beneficiaries, Indian Tribes, Tribal Organizations, and
9 Urban Indian Organizations may use such amounts to
10 purchase health benefits coverage for such beneficiaries in
11 any manner, including through—

12 “(1) a tribally owned and operated health care
13 plan;

14 “(2) a State or locally authorized or licensed
15 health care plan;

16 “(3) a health insurance provider or managed
17 care organization; or

18 “(4) a self-insured plan.

19 The purchase of such coverage by an Indian Tribe, Tribal
20 Organization, or Urban Indian Organization may be based
21 on the financial needs of such beneficiaries (as determined
22 by the Indian Tribe or Tribes being served based on a
23 schedule of income levels developed or implemented by
24 such Indian Tribe or Tribes).

25 “(b) EXPENSES FOR SELF-INSURED PLAN.—In the
26 case of a self-insured plan under subsection (a)(4), the

1 amounts may be used for expenses of operating the plan,
2 including administration and insurance to limit the finan-
3 cial risks to the entity offering the plan.

4 “(c) CONSTRUCTION.—Nothing in this section shall
5 be construed as affecting the use of any amounts not re-
6 ferred to in subsection (a).

7 **“SEC. 406. SHARING ARRANGEMENTS WITH FEDERAL AGEN-**
8 **CIES.**

9 “(a) AUTHORITY.—

10 “(1) IN GENERAL.—The Secretary may enter
11 into (or expand) arrangements for the sharing of
12 medical facilities and services between the Service,
13 Indian Tribes, and Tribal Organizations and the De-
14 partment of Veterans Affairs and the Department of
15 Defense.

16 “(2) CONSULTATION BY SECRETARY RE-
17 QUIRED.—The Secretary may not finalize any ar-
18 rangement between the Service and a Department
19 described in paragraph (1) without first consulting
20 with the Indian Tribes which will be significantly af-
21 fected by the arrangement.

22 “(b) LIMITATIONS.—The Secretary shall not take
23 any action under this section or under subchapter IV of
24 chapter 81 of title 38, United States Code, which would
25 impair—

1 “(1) the priority access of any Indian to health
2 care services provided through the Service and the
3 eligibility of any Indian to receive health services
4 through the Service;

5 “(2) the quality of health care services provided
6 to any Indian through the Service;

7 “(3) the priority access of any veteran to health
8 care services provided by the Department of Vet-
9 erans Affairs;

10 “(4) the quality of health care services provided
11 by the Department of Veterans Affairs or the De-
12 partment of Defense; or

13 “(5) the eligibility of any Indian who is a vet-
14 eran to receive health services through the Depart-
15 ment of Veterans Affairs.

16 “(c) REIMBURSEMENT.—The Service, Indian Tribe,
17 or Tribal Organization shall be reimbursed by the Depart-
18 ment of Veterans Affairs or the Department of Defense
19 (as the case may be) where services are provided through
20 the Service, an Indian Tribe, or a Tribal Organization to
21 beneficiaries eligible for services from either such Depart-
22 ment, notwithstanding any other provision of law.

23 “(d) CONSTRUCTION.—Nothing in this section may
24 be construed as creating any right of a non-Indian veteran
25 to obtain health services from the Service.

1 **“SEC. 407. PAYOR OF LAST RESORT.**

2 “Indian Health Programs and health care programs
3 operated by Urban Indian Organizations shall be the
4 payor of last resort for services provided to persons eligible
5 for services from Indian Health Programs and Urban In-
6 dian Organizations, notwithstanding any Federal, State,
7 or local law to the contrary.

8 **“SEC. 408. NONDISCRIMINATION IN QUALIFICATIONS FOR**
9 **REIMBURSEMENT FOR SERVICES.**

10 “For purposes of determining the eligibility of an en-
11 tity that is operated by the Service, an Indian Tribe, Trib-
12 al Organization, or Urban Indian Organization to receive
13 payment or reimbursement from any federally funded
14 health care program for health care services it furnishes
15 to an Indian, any requirement that the entity be licensed
16 or recognized under State or local law to furnish such
17 services shall be deemed to have been met if the entity
18 meets all the applicable standards for such licensure, but
19 the entity need not obtain a license. In determining wheth-
20 er the entity meets such standards, the absence of licen-
21 sure of any staff member of the entity may not be taken
22 into account.

23 **“SEC. 409. CONSULTATION.**

24 “(a) NATIONAL INDIAN TECHNICAL ADVISORY
25 GROUP (TAG).—

1 “(1) ESTABLISHMENT AND MEMBERSHIP.—The
2 Secretary shall establish within the Centers for
3 Medicare & Medicaid Services a National Indian
4 Technical Advisory Group (in this subsection re-
5 ferred to as the ‘Advisory Group’) which shall have
6 no fewer than 14 members including at least 1 mem-
7 ber designated by the Indian Tribes and Tribal Or-
8 ganizations in each Service Area, 1 Urban Indian
9 Organization representative, and 1 member rep-
10 resenting the Service. The Secretary may appoint
11 additional members upon the recommendation of the
12 Advisory Group.

13 “(2) DUTIES.—

14 “(A) IDENTIFICATION OF ISSUES.—The
15 Advisory Group shall assist the Secretary in
16 identifying and addressing issues regarding the
17 health care programs under the Social Security
18 Act (including medicare, medicaid, and SCHIP)
19 that have implications for Indian Health Pro-
20 grams or Urban Indian Organizations. The Ad-
21 visory Group shall provide advice to the Sec-
22 retary with respect to those issues and with re-
23 spect to the need for the Secretary to engage in
24 consultation with Indian Tribes, Tribal Organi-
25 zations, and Urban Indian Organizations.

1 “(B) CONSTRUCTION.—Nothing in sub-
2 paragraph (A) shall be construed as affecting
3 any requirement under any applicable Executive
4 order for the Secretary to consult with Indian
5 Tribes in cases of health care policies that have
6 implications for Indian Health Programs or
7 Urban Indian Organizations.

8 “(3) NONAPPLICATION OF FEDERAL ADVISORY
9 COMMITTEE ACT.—The Federal Advisory Committee
10 Act (5 U.S.C. App.) shall not apply to the Advisory
11 Group.

12 “(4) MEETINGS.—The Secretary is authorized
13 to convene meetings of the Advisory Group as often
14 as needed to fulfill the responsibilities under this
15 section.

16 “(b) SOLICITATION OF MEDICAID ADVICE.—

17 “(1) IN GENERAL.—As part of its plan for pay-
18 ment under title XIX of the Social Security Act to
19 a State in which the Service operates or funds
20 health care programs or in which 1 or more Indian
21 Health Programs or Urban Indian Organizations
22 provide health care in the State for which medical
23 assistance is available under such title, the State
24 may establish a process under which the State seeks
25 advice on a regular, ongoing basis from designees of

1 such Indian Health Programs and Urban Indian Or-
2 ganizations on matters relating to the application of
3 such title to and having a direct effect on such In-
4 dian Health Programs and Urban Indian Organiza-
5 tions.

6 “(2) MANNER OF ADVICE.—The process de-
7 scribed in paragraph (1) should include solicitation
8 of advice prior to submission of any plan amend-
9 ments, waiver requests, and proposals for dem-
10 onstration projects. Such process may include ap-
11 pointment of an advisory committee and of a des-
12 ignee of such Indian Health Programs and Urban
13 Indian Organizations to the medical care advisory
14 committee advising the State on its medicaid plan.

15 “(3) PAYMENT OF EXPENSES.—Expenses in
16 carrying out this subsection shall be treated as rea-
17 sonable administrative expenses for which reimburse-
18 ment may be made under section 1903(a) of the So-
19 cial Security Act.

20 “(c) CONSTRUCTION.—Nothing in this section shall
21 be construed as superseding existing advisory committees,
22 working groups, or other advisory procedures established
23 by the Secretary or by any State.

1 **“SEC. 410. STATE CHILDREN’S HEALTH INSURANCE PRO-**
2 **GRAM (SCHIP).**

3 “Notwithstanding any other provision of law, insofar
4 as the State health plan of a State under title XXI of
5 the Social Security Act may provide (whether through its
6 medicaid plan under title XIX of such Act or otherwise)
7 child health assistance to individuals who are otherwise
8 served by the Service or by an Indian Tribe or Tribal Or-
9 ganization, the Secretary may enter into an arrangement
10 with the State and with the Service or 1 or more Indian
11 Tribes and Tribal Organizations in the State under which
12 a portion of the funds otherwise made available to the
13 State under such title with respect to such individuals is
14 provided to the Service, Indian Tribe, or Tribal Organiza-
15 tion, respectively, for the purpose of providing such assist-
16 ance to such individuals consistent with the purposes of
17 such title.

18 **“SEC. 411. SOCIAL SECURITY ACT SANCTIONS.**

19 “(a) REQUESTS FOR WAIVER OF SANCTIONS.—For
20 purposes of applying any authority under a provision of
21 title XI, XVIII, XIX, or XXI of the Social Security Act
22 to seek a waiver of a sanction imposed against a health
23 care provider insofar as that provider provides services to
24 individuals through an Indian Health Program, any re-
25 quirement that a State request such a waiver shall be

1 deemed to be met if such Indian Health Program requests
2 such a waiver.

3 “(b) SAFE HARBOR FOR TRANSACTIONS BETWEEN
4 AND AMONG INDIAN HEALTH CARE PROGRAMS.—For
5 purposes of applying section 1128B(b) of the Social Secu-
6 rity Act, the exchange of anything of value between or
7 among the following shall not be treated as remuneration
8 if the exchange arises from or relates to any of the fol-
9 lowing health programs:

10 “(1) An exchange between or among the fol-
11 lowing:

12 “(A) Any Indian Health Program.

13 “(B) Any Urban Indian Organization.

14 “(2) An exchange between an Indian Tribe,
15 Tribal Organization, or an Urban Indian Organiza-
16 tion and any patient served or eligible for service
17 from an Indian Tribe, Tribal Organization, or
18 Urban Indian Organization, including patients
19 served or eligible for service pursuant to section 807,
20 but only if such exchange—

21 “(A) is for the purpose of transporting the
22 patient for the provision of health care items or
23 services;

24 “(B) is for the purpose of providing hous-
25 ing to the patient (including a pregnant pa-

1 tient) and immediate family members or an es-
2 cort incidental to assuring the timely provision
3 of health care items and services to the patient;

4 “(C) is for the purpose of paying pre-
5 miums, copayments, deductibles, or other cost-
6 sharing on behalf of patients; or

7 “(D) consists of an item or service of small
8 value that is provided as a reasonable incentive
9 to secure timely and necessary preventive and
10 other items and services.

11 “(3) Other exchanges involving an Indian
12 Health Program, an Urban Indian Organization, or
13 an Indian Tribe or Tribal Organization that meet
14 such standards as the Secretary of Health and
15 Human Services, in consultation with the Attorney
16 General, determines is appropriate, taking into ac-
17 count the special circumstances of such Indian
18 Health Programs, Urban Indian Organizations, In-
19 dian Tribes, and Tribal Organizations and of pa-
20 tients served by Indian Health Programs, Urban In-
21 dian Organizations, Indian Tribes, and Tribal Orga-
22 nizations.

1 **“SEC. 412. COST SHARING.**

2 “(a) COINSURANCE, COPAYMENTS, AND
3 DEDUCTIBLES.—Notwithstanding any other provision of
4 Federal or State law—

5 “(1) PROTECTION FOR ELIGIBLE INDIANS
6 UNDER SOCIAL SECURITY ACT HEALTH PRO-
7 GRAMS.—No Indian who is furnished an item or
8 service for which payment may be made under title
9 XIX or XXI of the Social Security Act may be
10 charged a deductible, copayment, or coinsurance if
11 the item or service is furnished by, or upon referral
12 made by, the Service, an Indian Tribe, Tribal Orga-
13 nization, or Urban Indian Organization.

14 “(2) PROTECTION FOR INDIANS.—No Indian
15 who is furnished an item or service by the Service
16 may be charged a deductible, copayment, or coinsur-
17 ance.

18 “(3) NO REDUCTION IN AMOUNT OF PAYMENT
19 TO INDIAN HEALTH PROVIDERS.—The payment or
20 reimbursement due to the Service, Indian Tribe,
21 Tribal Organization, or Urban Indian Organization
22 under title XIX or XXI of the Social Security Act
23 may not be reduced by the amount of the deductible,
24 copayment, or coinsurance that would be due from
25 the Indian but for the operation of this section.

1 “(b) EXEMPTION FROM MEDICAID AND SCHIP PRE-
2 MIUMS.—Notwithstanding any other provision of Federal
3 or State law, no Indian who is otherwise eligible for serv-
4 ices under title XIX of the Social Security Act (relating
5 to the medicaid program) or title XXI of such Act (relat-
6 ing to the State children’s health insurance program) may
7 be charged a premium as a condition of receiving benefits
8 under the program under the respective title.

9 “(c) LIMITATION ON MEDICAL CHILD SUPPORT RE-
10 COVERY.—Notwithstanding any other provision of law, a
11 parent (whether or not an Indian) of an Indian child shall
12 not be responsible for reimbursing a State or the Federal
13 Government under title XIX or XXI of the Social Security
14 Act for the cost of medical services relating to the child
15 (including childbirth and including, where such child is a
16 minor parent, any child of such minor parent) under cir-
17 cumstances in which payment would have been made
18 under the contract health services program of an Indian
19 Health Program but for the child’s (or, in the case of med-
20 ical services relating to childbirth, mother’s, or grand-
21 child’s, as the case may be) eligibility under title XIX or
22 XXI of the Social Security Act.

23 “(d) TREATMENT OF CERTAIN PROPERTY FOR MED-
24 ICAID ELIGIBILITY.—Notwithstanding any other provision
25 of Federal or State law, the following property may not

1 be included when determining eligibility for services under
2 title XIX of the Social Security Act:

3 “(1) Property, including interests in real prop-
4 erty currently or formerly held in trust by the Fed-
5 eral Government which is protected under applicable
6 Federal, State, or Tribal law or custom from re-
7 course and including public domain allotments.

8 “(2) Property that has unique religious or cul-
9 tural significance or that supports subsistence or
10 traditional lifestyle according to applicable Tribal
11 law or custom.

12 “(e) CONTINUATION OF CURRENT LAW PROTEC-
13 TIONS OF CERTAIN INDIAN PROPERTY FROM MEDICAID
14 ESTATE RECOVERY.—Income, resources, and property
15 that are exempt from medicaid estate recovery under title
16 XIX of the Social Security Act as of April 1, 2003, under
17 manual instructions issued to carry out section 1917(b)(3)
18 of such Act because of Federal responsibility for Indian
19 Tribes and Alaska Native Villages shall remain so exempt.
20 Nothing in this subsection shall be construed as pre-
21 venting the Secretary from providing additional medicaid
22 estate recovery exemptions for Indians.

23 **“SEC. 413. TREATMENT UNDER MEDICAID MANAGED CARE.**

24 “(a) PAYMENT FOR SERVICES FURNISHED TO INDI-
25 ANS.—

1 “(1) IN GENERAL.—Subject to paragraph (2),
2 in the case of an Indian who is enrolled with a man-
3 aged care entity under section 1932 of the Social Se-
4 curity Act (or otherwise under a waiver under title
5 XIX of such Act) and who receives services, covered
6 by a managed care entity, from an Indian Health
7 Program or an Urban Indian Organization, either—

8 “(A) the entity shall make payment to the
9 Indian Health Program or Urban Indian Orga-
10 nization at a rate established by the entity for
11 such services that is not less than the rate for
12 preferred providers (or at such other rate as
13 may be negotiated between the entity and such
14 Indian Health Program or Urban Indian Orga-
15 nization) and shall not require submittal of a
16 claim by the enrollee as a condition of payment
17 to the Indian Health Program or Urban Indian
18 Organization; or

19 “(B) the State shall provide for payment
20 to the Indian Health Program or Urban Indian
21 Organization under its State plan under title
22 XIX of such Act at the rate otherwise applica-
23 ble and shall provide for an appropriate adjust-
24 ment of the capitation payment made to the en-
25 tity to take into account such payment.

1 “(2) PAYMENT STANDARDS.—The payment pro-
2 visions shall meet the usual medicaid standards for
3 economy, efficiency, and access to quality care.

4 “(b) OFFERING OF MANAGED CARE.—If—

5 “(1) a State elects under its State plan under
6 title XIX of the Social Security Act to provide serv-
7 ices through medicaid managed care organizations
8 or through primary care case managers under sec-
9 tion 1932 or under a waiver under such title; and

10 “(2) the Indian Health Program or Urban In-
11 dian Organization that is funded in whole or in part
12 by the Service, or a consortium thereof, has estab-
13 lished a medicaid managed care organization or a
14 primary care case manager that meets quality stand-
15 ards equivalent to those required of such an organi-
16 zation or manager under such section or waiver,

17 the State shall enter into an agreement under such section
18 with the Service, Indian Tribe, Tribal Organization, or
19 Urban Indian Organization, or such consortium, to serve
20 as a medicaid managed care organization or a primary
21 care case manager, respectively with respect to Indians
22 served by such entity. In carrying out this subsection, the
23 Secretary and the State may waive requirements regard-
24 ing enrollment, capitalization, and such other matters that

1 might otherwise prevent the application of the previous
2 sentence.

3 **“SEC. 414. NAVAJO NATION MEDICAID AGENCY FEASI-**
4 **BILITY STUDY.**

5 “(a) STUDY.—The Secretary shall conduct a study
6 to determine the feasibility of treating the Navajo Nation
7 as a State for the purposes of title XIX of the Social Secu-
8 rity Act, to provide services to Indians living within the
9 boundaries of the Navajo Nation through an entity estab-
10 lished having the same authority and performing the same
11 functions as single-State medicaid agencies responsible for
12 the administration of the State plan under title XIX of
13 the Social Security Act.

14 “(b) CONSIDERATIONS.—In conducting the study,
15 the Secretary shall consider the feasibility of—

16 “(1) assigning and paying all expenditures for
17 the provision of services and related administration
18 funds, under title XIX of the Social Security Act, to
19 Indians living within the boundaries of the Navajo
20 Nation that are currently paid to or would otherwise
21 be paid to the State of Arizona, New Mexico, or
22 Utah;

23 “(2) providing assistance to the Navajo Nation
24 in the development and implementation of such enti-
25 ty for the administration, eligibility, payment, and

1 delivery of medical assistance under title XIX of the
2 Social Security Act;

3 “(3) providing an appropriate level of matching
4 funds for Federal medical assistance with respect to
5 amounts such entity expends for medical assistance
6 for services and related administrative costs; and

7 “(4) authorizing the Secretary, at the option of
8 the Navajo Nation, to treat the Navajo Nation as a
9 State for the purposes of title XIX of the Social Se-
10 curity Act (relating to the State children’s health in-
11 surance program) under terms equivalent to those
12 described in paragraphs (2) through (4).

13 “(c) REPORT.—Not later than 3 years after the date
14 of enactment of the Indian Health Act Improvement Act
15 Amendments of 2004, the Secretary shall submit to the
16 Committee of Indian Affairs and Committee on Finance
17 of the Senate and the Committee on Resources and Com-
18 mittee on Ways and Means on the House of Representa-
19 tives a report that includes—

20 “(1) the results of the study under this section;

21 “(2) a summary of any consultation that oc-
22 curred between the Secretary and the Navajo Na-
23 tion, other Indian Tribes, the States of Arizona,
24 New Mexico, and Utah, counties which include Nav-

1 ajo Lands, and other interested parties, in con-
2 ducting this study;

3 “(3) projected costs or savings associated with
4 establishment of such entity, and any estimated im-
5 pact on services provided as described in this section
6 in relation to probable costs or savings; and

7 “(4) legislative actions that would be required
8 to authorize the establishment of such entity if such
9 entity is determined by the Secretary to be feasible.

10 **“SEC. 415. AUTHORIZATION OF APPROPRIATIONS.**

11 “There are authorized to be appropriated such sums
12 as may be necessary for each fiscal year through fiscal
13 year 2015 to carry out this title.

14 **“TITLE V—HEALTH SERVICES**
15 **FOR URBAN INDIANS**

16 **“SEC. 501. PURPOSE.**

17 “The purpose of this title is to establish and maintain
18 programs in Urban Centers to make health services more
19 accessible and available to Urban Indians.

20 **“SEC. 502. CONTRACTS WITH, AND GRANTS TO, URBAN IN-**
21 **DIAN ORGANIZATIONS.**

22 “Under authority of the Act of November 2, 1921
23 (25 U.S.C. 13) (commonly known as the ‘Snyder Act’),
24 the Secretary, acting through the Service, shall enter into
25 contracts with, or make grants to, Urban Indian Organi-

1 zations to assist such organizations in the establishment
2 and administration, within Urban Centers, of programs
3 which meet the requirements set forth in this title. Subject
4 to section 506, the Secretary, acting through the Service,
5 shall include such conditions as the Secretary considers
6 necessary to effect the purpose of this title in any contract
7 into which the Secretary enters with, or in any grant the
8 Secretary makes to, any Urban Indian Organization pur-
9 suant to this title.

10 **“SEC. 503. CONTRACTS AND GRANTS FOR THE PROVISION**
11 **OF HEALTH CARE AND REFERRAL SERVICES.**

12 “(a) REQUIREMENTS FOR GRANTS AND CON-
13 TRACTS.—Under authority of the Act of November 2,
14 1921 (25 U.S.C. 13) (commonly known as the ‘Snyder
15 Act’), the Secretary, acting through the Service, shall
16 enter into contracts with, or make grants to, Urban Indian
17 Organizations for the provision of health care and referral
18 services for Urban Indians. Any such contract or grant
19 shall include requirements that the Urban Indian Organi-
20 zation successfully undertake to—

21 “(1) estimate the population of Urban Indians
22 residing in the Urban Center or centers that the or-
23 ganization proposes to serve who are or could be re-
24 cipients of health care or referral services;

1 “(2) estimate the current health status of
2 Urban Indians residing in such Urban Center or
3 centers;

4 “(3) estimate the current health care needs of
5 Urban Indians residing in such Urban Center or
6 centers;

7 “(4) provide basic health education, including
8 health promotion and disease prevention education,
9 to Urban Indians;

10 “(5) make recommendations to the Secretary
11 and Federal, State, local, and other resource agen-
12 cies on methods of improving health service pro-
13 grams to meet the needs of Urban Indians; and

14 “(6) where necessary, provide, or enter into
15 contracts for the provision of, health care services
16 for Urban Indians.

17 “(b) CRITERIA.—The Secretary, acting through the
18 Service, shall by regulation adopted pursuant to section
19 520 prescribe the criteria for selecting Urban Indian Or-
20 ganizations to enter into contracts or receive grants under
21 this section. Such criteria shall, among other factors,
22 include—

23 “(1) the extent of unmet health care needs of
24 Urban Indians in the Urban Center or centers in-
25 volved;

1 “(2) the size of the Urban Indian population in
2 the Urban Center or centers involved;

3 “(3) the extent, if any, to which the activities
4 set forth in subsection (a) would duplicate any
5 project funded under this title;

6 “(4) the capability of an Urban Indian Organi-
7 zation to perform the activities set forth in sub-
8 section (a) and to enter into a contract with the Sec-
9 retary or to meet the requirements for receiving a
10 grant under this section;

11 “(5) the satisfactory performance and success-
12 ful completion by an Urban Indian Organization of
13 other contracts with the Secretary under this title;

14 “(6) the appropriateness and likely effectiveness
15 of conducting the activities set forth in subsection
16 (a) in an Urban Center or centers; and

17 “(7) the extent of existing or likely future par-
18 ticipation in the activities set forth in subsection (a)
19 by appropriate health and health-related Federal,
20 State, local, and other agencies.

21 “(c) ACCESS TO HEALTH PROMOTION AND DISEASE
22 PREVENTION PROGRAMS.—The Secretary, acting through
23 the Service, shall facilitate access to or provide health pro-
24 motion and disease prevention services for Urban Indians
25 through grants made to Urban Indian Organizations ad-

1 ministering contracts entered into or receiving grants
2 under subsection (a).

3 “(d) IMMUNIZATION SERVICES.—

4 “(1) ACCESS OR SERVICES PROVIDED.—The
5 Secretary, acting through the Service, shall facilitate
6 access to, or provide, immunization services for
7 Urban Indians through grants made to Urban In-
8 dian Organizations administering contracts entered
9 into or receiving grants under this section.

10 “(2) DEFINITION.—For purposes of this sub-
11 section, the term ‘immunization services’ means
12 services to provide without charge immunizations
13 against vaccine-preventable diseases.

14 “(e) BEHAVIORAL HEALTH SERVICES.—

15 “(1) ACCESS OR SERVICES PROVIDED.—The
16 Secretary, acting through the Service, shall facilitate
17 access to, or provide, behavioral health services for
18 Urban Indians through grants made to Urban In-
19 dian Organizations administering contracts entered
20 into or receiving grants under subsection (a).

21 “(2) ASSESSMENT REQUIRED.—Except as pro-
22 vided by paragraph (3)(A), a grant may not be made
23 under this subsection to an Urban Indian Organiza-
24 tion until that organization has prepared, and the

1 Service has approved, an assessment of the fol-
2 lowing:

3 “(A) The behavioral health needs of the
4 Urban Indian population concerned.

5 “(B) The behavioral health services and
6 other related resources available to that popu-
7 lation.

8 “(C) The barriers to obtaining those serv-
9 ices and resources.

10 “(D) The needs that are unmet by such
11 services and resources.

12 “(3) PURPOSES OF GRANTS.—Grants may be
13 made under this subsection for the following:

14 “(A) To prepare assessments required
15 under paragraph (2).

16 “(B) To provide outreach, educational, and
17 referral services to Urban Indians regarding the
18 availability of direct behavioral health services,
19 to educate Urban Indians about behavioral
20 health issues and services, and effect coordina-
21 tion with existing behavioral health providers in
22 order to improve services to Urban Indians.

23 “(C) To provide outpatient behavioral
24 health services to Urban Indians, including the
25 identification and assessment of illness, thera-

1 peutic treatments, case management, support
2 groups, family treatment, and other treatment.

3 “(D) To develop innovative behavioral
4 health service delivery models which incorporate
5 Indian cultural support systems and resources.

6 “(f) PREVENTION OF CHILD ABUSE.—

7 “(1) ACCESS OR SERVICES PROVIDED.—The
8 Secretary, acting through the Service, shall facilitate
9 access to or provide services for Urban Indians
10 through grants to Urban Indian Organizations ad-
11 ministering contracts entered into or receiving
12 grants under subsection (a) to prevent and treat
13 child abuse (including sexual abuse) among Urban
14 Indians.

15 “(2) EVALUATION REQUIRED.—Except as pro-
16 vided by paragraph (3)(A), a grant may not be made
17 under this subsection to an Urban Indian Organiza-
18 tion until that organization has prepared, and the
19 Service has approved, an assessment that documents
20 the prevalence of child abuse in the Urban Indian
21 population concerned and specifies the services and
22 programs (which may not duplicate existing services
23 and programs) for which the grant is requested.

24 “(3) PURPOSES OF GRANTS.—Grants may be
25 made under this subsection for the following:

1 “(A) To prepare assessments required
2 under paragraph (2).

3 “(B) For the development of prevention,
4 training, and education programs for Urban In-
5 dians, including child education, parent edu-
6 cation, provider training on identification and
7 intervention, education on reporting require-
8 ments, prevention campaigns, and establishing
9 service networks of all those involved in Indian
10 child protection.

11 “(C) To provide direct outpatient treat-
12 ment services (including individual treatment,
13 family treatment, group therapy, and support
14 groups) to Urban Indians who are child victims
15 of abuse (including sexual abuse) or adult sur-
16 vivors of child sexual abuse, to the families of
17 such child victims, and to Urban Indian per-
18 petrators of child abuse (including sexual
19 abuse).

20 “(4) CONSIDERATIONS WHEN MAKING
21 GRANTS.—In making grants to carry out this sub-
22 section, the Secretary shall take into consideration—

23 “(A) the support for the Urban Indian Or-
24 ganization demonstrated by the child protection
25 authorities in the area, including committees or

1 other services funded under the Indian Child
2 Welfare Act of 1978 (25 U.S.C. 1901 et seq.),
3 if any;

4 “(B) the capability and expertise dem-
5 onstrated by the Urban Indian Organization to
6 address the complex problem of child sexual
7 abuse in the community; and

8 “(C) the assessment required under para-
9 graph (2).

10 “(g) OTHER GRANTS.—The Secretary, acting
11 through the Service, may enter into a contract with or
12 make grants to an Urban Indian Organization that pro-
13 vides or arranges for the provision of health care services
14 (through satellite facilities, provider networks, or other-
15 wise) to Urban Indians in more than 1 Urban Center.

16 **“SEC. 504. CONTRACTS AND GRANTS FOR THE DETERMINA-**
17 **TION OF UNMET HEALTH CARE NEEDS.**

18 “(a) GRANTS AND CONTRACTS AUTHORIZED.—
19 Under authority of the Act of November 2, 1921 (25
20 U.S.C. 13) (commonly known as the ‘Snyder Act’), the
21 Secretary, acting through the Service, may enter into con-
22 tracts with or make grants to Urban Indian Organizations
23 situated in Urban Centers for which contracts have not
24 been entered into or grants have not been made under sec-
25 tion 503.

1 “(b) PURPOSE.—The purpose of a contract or grant
2 made under this section shall be the determination of the
3 matters described in subsection (c)(1) in order to assist
4 the Secretary in assessing the health status and health
5 care needs of Urban Indians in the Urban Center involved
6 and determining whether the Secretary should enter into
7 a contract or make a grant under section 503 with respect
8 to the Urban Indian Organization which the Secretary has
9 entered into a contract with, or made a grant to, under
10 this section.

11 “(c) GRANT AND CONTRACT REQUIREMENTS.—Any
12 contract entered into, or grant made, by the Secretary
13 under this section shall include requirements that—

14 “(1) the Urban Indian Organization success-
15 fully undertakes to—

16 “(A) document the health care status and
17 unmet health care needs of Urban Indians in
18 the Urban Center involved; and

19 “(B) with respect to Urban Indians in the
20 Urban Center involved, determine the matters
21 described in paragraphs (2), (3), (4), and (7) of
22 section 503(b); and

23 “(2) the Urban Indian Organization complete
24 performance of the contract, or carry out the re-
25 quirements of the grant, within 1 year after the date

1 on which the Secretary and such organization enter
2 into such contract, or within 1 year after such orga-
3 nization receives such grant, whichever is applicable.

4 “(d) NO RENEWALS.—The Secretary may not renew
5 any contract entered into or grant made under this sec-
6 tion.

7 **“SEC. 505. EVALUATIONS; RENEWALS.**

8 “(a) PROCEDURES FOR EVALUATIONS.—The Sec-
9 retary, acting through the Service, shall develop proce-
10 dures to evaluate compliance with grant requirements and
11 compliance with and performance of contracts entered into
12 by Urban Indian Organizations under this title. Such pro-
13 cedures shall include provisions for carrying out the re-
14 quirements of this section.

15 “(b) EVALUATIONS.—The Secretary, acting through
16 the Service, shall evaluate the compliance of each Urban
17 Indian Organization which has entered into a contract or
18 received a grant under section 503 with the terms of such
19 contract or grant. For purposes of this evaluation, in de-
20 termining the capacity of an Urban Indian Organization
21 to deliver quality patient care the Secretary shall—

22 “(1) acting through the Service, conduct an an-
23 nual onsite evaluation of the organization; or

24 “(2) accept in lieu of such onsite evaluation evi-
25 dence of the organization’s provisional or full accred-

1 itation by a private independent entity recognized by
2 the Secretary for purposes of conducting quality re-
3 views of providers participating in the Medicare pro-
4 gram under title XVIII of the Social Security Act.

5 “(c) NONCOMPLIANCE; UNSATISFACTORY PERFORM-
6 ANCE.—If, as a result of the evaluations conducted under
7 this section, the Secretary determines that an Urban In-
8 dian Organization has not complied with the requirements
9 of a grant or complied with or satisfactorily performed a
10 contract under section 503, the Secretary shall, prior to
11 renewing such contract or grant, attempt to resolve with
12 the organization the areas of noncompliance or unsatisfac-
13 tory performance and modify the contract or grant to pre-
14 vent future occurrences of noncompliance or unsatisfac-
15 tory performance. If the Secretary determines that the
16 noncompliance or unsatisfactory performance cannot be
17 resolved and prevented in the future, the Secretary shall
18 not renew the contract or grant with the organization and
19 is authorized to enter into a contract or make a grant
20 under section 503 with another Urban Indian Organiza-
21 tion which is situated in the same Urban Center as the
22 Urban Indian Organization whose contract or grant is not
23 renewed under this section.

24 “(d) CONSIDERATIONS FOR RENEWALS.—In deter-
25 mining whether to renew a contract or grant with an

1 Urban Indian Organization under section 503 which has
2 completed performance of a contract or grant under sec-
3 tion 504, the Secretary shall review the records of the
4 Urban Indian Organization, the reports submitted under
5 section 507, and shall consider the results of the onsite
6 evaluations or accreditations under subsection (b).

7 **“SEC. 506. OTHER CONTRACT AND GRANT REQUIREMENTS.**

8 “(a) **PROCUREMENT.**—Contracts with Urban Indian
9 Organizations entered into pursuant to this title shall be
10 in accordance with all Federal contracting laws and regu-
11 lations relating to procurement except that in the discre-
12 tion of the Secretary, such contracts may be negotiated
13 without advertising and need not conform to the provisions
14 of sections 1304 and 3131 through 3133 of title 40,
15 United States Code.

16 “(b) **PAYMENTS UNDER CONTRACTS OR GRANTS.**—
17 Payments under any contracts or grants pursuant to this
18 title shall, notwithstanding any term or condition of such
19 contract or grant—

20 “(1) be made in their entirety by the Secretary
21 to the Urban Indian Organization by no later than
22 the end of the first 30 days of the funding period
23 with respect to which the payments apply, unless the
24 Secretary determines through an evaluation under

1 section 505 that the organization is not capable of
2 administering such payments in their entirety; and

3 “(2) if any portion thereof is unexpended by the
4 Urban Indian Organization during the funding pe-
5 riod with respect to which the payments initially
6 apply, shall be carried forward for expenditure with
7 respect to allowable or reimbursable costs incurred
8 by the organization during 1 or more subsequent
9 funding periods without additional justification or
10 documentation by the organization as a condition of
11 carrying forward the availability for expenditure of
12 such funds.

13 “(c) REVISION OR AMENDMENT OF CONTRACTS.—
14 Notwithstanding any provision of law to the contrary, the
15 Secretary may, at the request or consent of an Urban In-
16 dian Organization, revise or amend any contract entered
17 into by the Secretary with such organization under this
18 title as necessary to carry out the purposes of this title.

19 “(d) FAIR AND UNIFORM SERVICES AND ASSIST-
20 ANCE.—Contracts with or grants to Urban Indian Organi-
21 zations and regulations adopted pursuant to this title shall
22 include provisions to assure the fair and uniform provision
23 to Urban Indians of services and assistance under such
24 contracts or grants by such organizations.

1 **“SEC. 507. REPORTS AND RECORDS.**

2 “(a) REPORTS.—For each fiscal year during which
3 an Urban Indian Organization receives or expends funds
4 pursuant to a contract entered into or a grant received
5 pursuant to this title, such Urban Indian Organization
6 shall submit to the Secretary not more frequently than
7 every 6 months, a report that includes the following:

8 “(1) In the case of a contract or grant under
9 section 503, recommendations pursuant to section
10 503(a)(5).

11 “(2) Information on activities conducted by the
12 organization pursuant to the contract or grant.

13 “(3) An accounting of the amounts and purpose
14 for which Federal funds were expended.

15 “(4) A minimum set of data, using uniformly
16 defined elements, that is specified by the Secretary
17 in consultation, consistent with section 514, with
18 Urban Indian Organizations.

19 “(b) AUDIT.—The reports and records of the Urban
20 Indian Organization with respect to a contract or grant
21 under this title shall be subject to audit by the Secretary
22 and the Comptroller General of the United States.

23 “(c) COSTS OF AUDITS.—The Secretary shall allow
24 as a cost of any contract or grant entered into or awarded
25 under section 502 or 503 the cost of an annual inde-
26 pendent financial audit conducted by—

1 “(1) a certified public accountant; or

2 “(2) a certified public accounting firm qualified
3 to conduct Federal compliance audits.

4 **“SEC. 508. LIMITATION ON CONTRACT AUTHORITY.**

5 “The authority of the Secretary to enter into con-
6 tracts or to award grants under this title shall be to the
7 extent, and in an amount, provided for in appropriation
8 Acts.

9 **“SEC. 509. FACILITIES.**

10 “(a) GRANTS.—The Secretary, acting through the
11 Service, may make grants to contractors or grant recipi-
12 ents under this title for the lease, purchase, renovation,
13 construction, or expansion of facilities, including leased fa-
14 cilities, in order to assist such contractors or grant recipi-
15 ents in complying with applicable licensure or certification
16 requirements.

17 “(b) LOANS.—The Secretary, acting through the
18 Service or through the Health Resources and Services Ad-
19 ministration, may provide to contractors or grant recipi-
20 ents under this title loans from the Urban Indian Health
21 Care Facilities Revolving Loan Fund described in sub-
22 section (c), or guarantees for loans, for the construction,
23 renovation, expansion, or purchase of health care facilities,
24 subject to the following requirements:

1 “(1) The principal amount of a loan or loan
2 guarantee may cover 100 percent of the costs (other
3 than staffing) relating to the facility, including plan-
4 ning, design, financing, site land development, con-
5 struction, rehabilitation, renovation, conversion,
6 medical equipment, furnishings, and capital pur-
7 chase.

8 “(2) The total of the principal of loans and loan
9 guarantees, respectively, outstanding at any one
10 time shall not exceed such limitations as may be
11 specified in appropriation Acts.

12 “(3) The loan or loan guarantee may have a
13 term of the shorter of the estimated useful life of the
14 facility or 25 years.

15 “(4) An Urban Indian Organization may as-
16 sign, and the Secretary may accept assignment of,
17 the revenue of the Urban Indian Organization as se-
18 curity for a loan or loan guarantee under this sub-
19 section.

20 “(5) The Secretary shall not collect application,
21 processing, or similar fees from Urban Indian Orga-
22 nizations applying for loans or loan guarantees
23 under this subsection.

24 “(c) FUND.—

1 “(1) ESTABLISHMENT.—There is established in
2 the Treasury of the United States a fund to be
3 known as the Urban Indian Health Care Facilities
4 Revolving Loan Fund (hereafter in this section re-
5 ferred to as the ‘URLF’). The URLF shall consist
6 of—

7 “(A) such amounts as may be appropriated
8 to the URLF;

9 “(B) amounts received from Urban Indian
10 Organizations in repayment of loans made to
11 such organizations under paragraph (2); and

12 “(C) interest earned on amounts in the
13 URLF under paragraph (3).

14 “(2) USE OF AMOUNT IN FUND.—Amounts in
15 the URLF may be expended by the Secretary, acting
16 through the Service or the Health Resources and
17 Services Administration, to make loans available to
18 Urban Indian Organizations receiving grants or con-
19 tracts under this title for the purposes, and subject
20 to the requirements, described in subsection (b).
21 Amounts appropriated to the URLF, amounts re-
22 ceived from Urban Indian Organizations in repay-
23 ment of loans, and interest on amounts in the
24 URLF shall remain available until expended.

1 “(3) INVESTMENT OF AMOUNTS IN FUND.—The
2 Secretary of the Treasury shall invest such amounts
3 of the URLF as such Secretary determines are not
4 required to meet current withdrawals from the
5 URLF. Such investments may be made only in in-
6 terest-bearing obligations of the United States. For
7 such purpose, such obligations may be acquired on
8 original issue at the issue price or by purchase of
9 outstanding obligations at the market price. Any ob-
10 ligation acquired by the URLF may be sold by the
11 Secretary of the Treasury at the market price.

12 “(4) INITIAL FUNDS.—There are authorized to
13 be appropriated such sums as may be necessary to
14 initiate the URLF. For each fiscal year after the ini-
15 tial year in which funds are appropriated to the
16 URLF, there is authorized to be appropriated an
17 amount equal to the sum of the amount collected by
18 the URLF during the preceding fiscal year and all
19 accrued interest.

20 **“SEC. 510. OFFICE OF URBAN INDIAN HEALTH.**

21 “There is hereby established within the Service an
22 Office of Urban Indian Health, which shall be responsible
23 for—

24 “(1) carrying out the provisions of this title;

1 “(2) providing central oversight of the pro-
2 grams and services authorized under this title; and
3 “(3) providing technical assistance to Urban In-
4 dian Organizations.

5 **“SEC. 511. GRANTS FOR ALCOHOL AND SUBSTANCE ABUSE-**
6 **RELATED SERVICES.**

7 “(a) GRANTS AUTHORIZED.—The Secretary, acting
8 through the Service, may make grants for the provision
9 of health-related services in prevention of, treatment of,
10 rehabilitation of, or school- and community-based edu-
11 cation regarding, alcohol and substance abuse in Urban
12 Centers to those Urban Indian Organizations with which
13 the Secretary has entered into a contract under this title
14 or under section 201.

15 “(b) GOALS.—Each grant made pursuant to sub-
16 section (a) shall set forth the goals to be accomplished
17 pursuant to the grant. The goals shall be specific to each
18 grant as agreed to between the Secretary and the grantee.

19 “(c) CRITERIA.—The Secretary shall establish cri-
20 teria for the grants made under subsection (a), including
21 criteria relating to the following:

22 “(1) The size of the Urban Indian population.

23 “(2) Capability of the organization to ade-
24 quately perform the activities required under the
25 grant.

1 “(3) Satisfactory performance standards for the
2 organization in meeting the goals set forth in such
3 grant. The standards shall be negotiated and agreed
4 to between the Secretary and the grantee on a
5 grant-by-grant basis.

6 “(4) Identification of the need for services.

7 “(d) ALLOCATION OF GRANTS.—The Secretary shall
8 develop a methodology for allocating grants made pursu-
9 ant to this section based on the criteria established pursu-
10 ant to subsection (c).

11 “(e) GRANTS SUBJECT TO CRITERIA.—Any funds re-
12 ceived by an Urban Indian Organization under this Act
13 for substance abuse prevention, treatment, and rehabilita-
14 tion shall be subject to the criteria set forth in subsection
15 (c).

16 **“SEC. 512. TREATMENT OF CERTAIN DEMONSTRATION**
17 **PROJECTS.**

18 “Notwithstanding any other provision of law, the
19 Tulsa Clinic and Oklahoma City Clinic demonstration
20 projects shall—

21 “(1) be permanent programs within the Serv-
22 ice’s direct care program;

23 “(2) continue to be treated as Service Units in
24 the allocation of resources and coordination of care;
25 and

1 “(3) continue to meet the requirements and
2 definitions of an urban Indian organization in this
3 Act, and shall not be subject to the provisions of the
4 Indian Self-Determination and Education Assistance
5 Act.

6 **“SEC. 513. URBAN NIAAA TRANSFERRED PROGRAMS.**

7 “(a) GRANTS AND CONTRACTS.—The Secretary,
8 through the Office of Urban Indian Health, shall make
9 grants or enter into contracts with Urban Indian Organi-
10 zations for the administration of Urban Indian alcohol
11 programs that were originally established under the Na-
12 tional Institute on Alcoholism and Alcohol Abuse (here-
13 after in this section referred to as ‘NIAAA’) and trans-
14 ferred to the Service. Such grants and contracts shall be-
15 come effective no later than September 30, 2007.

16 “(b) USE OF FUNDS.—Grants provided or contracts
17 entered into under this section shall be used to provide
18 support for the continuation of alcohol prevention and
19 treatment services for Urban Indian populations and such
20 other objectives as are agreed upon between the Service
21 and a recipient of a grant or contract under this section.

22 “(c) ELIGIBILITY.—Urban Indian Organizations that
23 operate Indian alcohol programs originally funded under
24 the NIAAA and subsequently transferred to the Service
25 are eligible for grants or contracts under this section.

1 “(d) REPORT.—The Secretary shall evaluate and re-
2 port to Congress on the activities of programs funded
3 under this section not less than every 5 years.

4 **“SEC. 514. CONSULTATION WITH URBAN INDIAN ORGANIZA-**
5 **TIONS.**

6 “(a) IN GENERAL.—The Secretary shall ensure that
7 the Service consults, to the greatest extent practicable,
8 with Urban Indian Organizations.

9 “(b) DEFINITION OF CONSULTATION.—For purposes
10 of subsection (a), consultation is the open and free ex-
11 change of information and opinions which leads to mutual
12 understanding and comprehension and which emphasizes
13 trust, respect, and shared responsibility.

14 **“SEC. 515. FEDERAL TORT CLAIM ACT COVERAGE.**

15 “(a) IN GENERAL.—With respect to claims resulting
16 from the performance of functions during fiscal year 2004
17 and thereafter, or claims asserted after September 30,
18 2003, but resulting from the performance of functions
19 prior to fiscal year 2004, under a contract, grant agree-
20 ment, or any other agreement authorized under this title,
21 an Urban Indian Organization is deemed hereafter to be
22 part of the Service in the Department of Health and
23 Human Services while carrying out any such contract or
24 agreement and its employees are deemed employees of the
25 Service while acting within the scope of their employment

1 in carrying out the contract or agreement. After Sep-
2 tember 30, 2003, any civil action or proceeding involving
3 such claims brought hereafter against any Urban Indian
4 Organization or any employee of such Urban Indian Orga-
5 nization covered by this provision shall be deemed to be
6 an action against the United States and will be defended
7 by the Attorney General and be afforded the full protec-
8 tion and coverage of the Federal Tort Claims Act (28
9 U.S.C. 1346(b), 2671 et seq.).

10 “(b) CLAIMS RESULTING FROM PERFORMANCE OF
11 CONTRACT OR GRANT.—Beginning with the fiscal year
12 ending September 30, 2003, and thereafter, the Secretary
13 shall request through annual appropriations funds suffi-
14 cient to reimburse the Treasury for any claims paid in
15 the prior fiscal year pursuant to the foregoing provisions.

16 **“SEC. 516. URBAN YOUTH TREATMENT CENTER DEM-**
17 **ONSTRATION.**

18 “(a) CONSTRUCTION AND OPERATION.—The Sec-
19 retary, acting through the Service, through grant or con-
20 tract, is authorized to fund the construction and operation
21 of at least 2 residential treatment centers in each State
22 described in subsection (b) to demonstrate the provision
23 of alcohol and substance abuse treatment services to
24 Urban Indian youth in a culturally competent residential
25 setting.

1 “(b) DEFINITION OF STATE.—A State described in
2 this subsection is a State in which—

3 “(1) there resides Urban Indian youth with
4 need for alcohol and substance abuse treatment serv-
5 ices in a residential setting; and

6 “(2) there is a significant shortage of culturally
7 competent residential treatment services for Urban
8 Indian youth.

9 **“SEC. 517. USE OF FEDERAL PROPERTY AND SUPPLIES.**

10 “(a) AUTHORIZATION FOR USE.—The Secretary, act-
11 ing through the Service, shall allow an Urban Indian Or-
12 ganization that has entered into a contract or received a
13 grant pursuant to this title, in carrying out such contract
14 or grant, to use existing facilities and all equipment there-
15 in or pertaining thereto and other real and personal prop-
16 erty owned by the Federal Government within the Sec-
17 retary’s jurisdiction under such terms and conditions as
18 may be agreed upon for their use and maintenance.

19 “(b) DONATIONS.—Subject to subsection (d), the
20 Secretary may donate to an Urban Indian Organization
21 that has entered into a contract or received a grant pursu-
22 ant to this title any personal or real property determined
23 to be excess to the needs of the Service or the General
24 Services Administration for purposes of carrying out the
25 contract or grant.

1 “(c) ACQUISITION OF PROPERTY FOR DONATION.—

2 The Secretary may acquire excess or surplus government
3 personal or real property for donation (subject to sub-
4 section (d)), to an Urban Indian Organization that has
5 entered into a contract or received a grant pursuant to
6 this title if the Secretary determines that the property is
7 appropriate for use by the Urban Indian Organization for
8 a purpose for which a contract or grant is authorized
9 under this title.

10 “(d) PRIORITY.—In the event that the Secretary re-
11 ceives a request for donation of a specific item of personal
12 or real property described in subsection (b) or (c) from
13 both an Urban Indian Organization and from an Indian
14 Tribe or Tribal Organization, the Secretary shall give pri-
15 ority to the request for donation of the Indian Tribe or
16 Tribal Organization if the Secretary receives the request
17 from the Indian Tribe or Tribal Organization before the
18 date the Secretary transfers title to the property or, if ear-
19 lier, the date the Secretary transfers the property phys-
20 ically to the Urban Indian Organization.

21 “(e) URBAN INDIAN ORGANIZATIONS DEEMED EX-
22 ECUTIVE AGENCY FOR CERTAIN PURPOSES.—For pur-
23 poses of section 501 of title 40, United States Code, (relat-
24 ing to Federal sources of supply, including lodging pro-
25 viders, airlines, and other transportation providers), an

1 Urban Indian Organization that has entered into a con-
2 tract or received a grant pursuant to this title shall be
3 deemed an executive agency when carrying out such con-
4 tract or grant, and the employees of the Urban Indian
5 Organization shall be eligible to have access to such
6 sources of supply on the same basis as employees of an
7 executive agency have such access.

8 **“SEC. 518. GRANTS FOR DIABETES PREVENTION, TREAT-**
9 **MENT, AND CONTROL.**

10 “(a) GRANTS AUTHORIZED.—The Secretary may
11 make grants to those Urban Indian Organizations that
12 have entered into a contract or have received a grant
13 under this title for the provision of services for the preven-
14 tion and treatment of, and control of the complications
15 resulting from, diabetes among Urban Indians.

16 “(b) GOALS.—Each grant made pursuant to sub-
17 section (a) shall set forth the goals to be accomplished
18 under the grant. The goals shall be specific to each grant
19 as agreed to between the Secretary and the grantee.

20 “(c) ESTABLISHMENT OF CRITERIA.—The Secretary
21 shall establish criteria for the grants made under sub-
22 section (a) relating to—

23 “(1) the size and location of the Urban Indian
24 population to be served;

1 “(2) the need for prevention of and treatment
2 of, and control of the complications resulting from,
3 diabetes among the Urban Indian population to be
4 served;

5 “(3) performance standards for the organiza-
6 tion in meeting the goals set forth in such grant
7 that are negotiated and agreed to by the Secretary
8 and the grantee;

9 “(4) the capability of the organization to ade-
10 quately perform the activities required under the
11 grant; and

12 “(5) the willingness of the organization to col-
13 laborate with the registry, if any, established by the
14 Secretary under section 204(e) in the Area Office of
15 the Service in which the organization is located.

16 “(d) FUNDS SUBJECT TO CRITERIA.—Any funds re-
17 ceived by an Urban Indian Organization under this Act
18 for the prevention, treatment, and control of diabetes
19 among Urban Indians shall be subject to the criteria devel-
20 oped by the Secretary under subsection (c).

21 **“SEC. 519. COMMUNITY HEALTH REPRESENTATIVES.**

22 “The Secretary, acting through the Service, may
23 enter into contracts with, and make grants to, Urban In-
24 dian Organizations for the employment of Indians trained
25 as health service providers through the Community Health

1 Representatives Program under section 109 in the provi-
2 sion of health care, health promotion, and disease preven-
3 tion services to Urban Indians.

4 **“SEC. 520. REGULATIONS.**

5 “(a) REQUIREMENTS FOR REGULATIONS.—The Sec-
6 retary may promulgate regulations to implement the provi-
7 sions of this title in accordance with the following:

8 “(1) Proposed regulations to implement this
9 Act shall be published in the Federal Register by the
10 Secretary no later than 9 months after the date of
11 the enactment of this Act and shall have no less
12 than a 4-month comment period.

13 “(2) The authority to promulgate regulations
14 under this Act shall expire 18 months from the date
15 of the enactment of this Act.

16 “(b) EFFECTIVE DATE OF TITLE.—The amendments
17 to this title made by the Indian Health Care Improvement
18 Act Amendments of 2004 shall be effective on the date
19 of the enactment of such amendments, regardless of
20 whether the Secretary has promulgated regulations imple-
21 menting such amendments have been promulgated.

22 **“SEC. 521. ELIGIBILITY FOR SERVICES.**

23 “Urban Indians shall be eligible and the ultimate
24 beneficiaries for health care or referral services provided
25 pursuant to this title.

1 **“SEC. 522. AUTHORIZATION OF APPROPRIATIONS.**

2 “There are authorized to be appropriated such sums
3 as may be necessary for each fiscal year through fiscal
4 year 2015 to carry out this title.

5 **“TITLE VI—ORGANIZATIONAL**
6 **IMPROVEMENTS**

7 **“SEC. 601. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
8 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
9 **SERVICE.**

10 “(a) ESTABLISHMENT.—

11 “(1) IN GENERAL.—In order to more effectively
12 and efficiently carry out the responsibilities, authori-
13 ties, and functions of the United States to provide
14 health care services to Indians and Indian Tribes, as
15 are or may be hereafter provided by Federal statute
16 or treaties, there is established within the Public
17 Health Service of the Department the Indian Health
18 Service.

19 “(2) ASSISTANT SECRETARY OF INDIAN
20 HEALTH.—The Service shall be administered by an
21 Assistant Secretary of Indian Health, who shall be
22 appointed by the President, by and with the advice
23 and consent of the Senate. The Assistant Secretary
24 shall report to the Secretary. Effective with respect
25 to an individual appointed by the President, by and
26 with the advice and consent of the Senate, after

1 January 1, 2005, the term of service of the Assist-
2 ant Secretary shall be 4 years. An Assistant Sec-
3 retary may serve more than 1 term.

4 “(3) INCUMBENT.—The individual serving in
5 the position of Director of the Indian Health Service
6 on the day before the date of enactment of the In-
7 dian Health Care Improvement Act Amendments of
8 2004 shall serve as Assistant Secretary.

9 “(4) ADVOCACY AND CONSULTATION.—The po-
10 sition of Assistant Secretary is established to, in a
11 manner consistent with the government-to-govern-
12 ment relationship between the United States and In-
13 dian Tribes—

14 “(A) facilitate advocacy for the develop-
15 ment of appropriate Indian health policy; and

16 “(B) promote consultation on matters re-
17 lating to Indian health.

18 “(b) AGENCY.—The Service shall be an agency within
19 the Public Health Service of the Department, and shall
20 not be an office, component, or unit of any other agency
21 of the Department.

22 “(c) DUTIES.—The Assistant Secretary of Indian
23 Health shall—

24 “(1) perform all functions that were, on the day
25 before the date of enactment of the Indian Health

1 Care Improvement Act Amendments of 2004, car-
2 ried out by or under the direction of the individual
3 serving as Director of the Service on that day;

4 “(2) perform all functions of the Secretary re-
5 lating to the maintenance and operation of hospital
6 and health facilities for Indians and the planning
7 for, and provision and utilization of, health services
8 for Indians;

9 “(3) administer all health programs under
10 which health care is provided to Indians based upon
11 their status as Indians which are administered by
12 the Secretary, including programs under—

13 “(A) this Act;

14 “(B) the Act of November 2, 1921 (25
15 U.S.C. 13);

16 “(C) the Act of August 5, 1954 (42 U.S.C.
17 2001 et seq.);

18 “(D) the Act of August 16, 1957 (42
19 U.S.C. 2005 et seq.); and

20 “(E) the Indian Self-Determination and
21 Education Assistance Act (25 U.S.C. 450 et
22 seq.);

23 “(4) administer all scholarship and loan func-
24 tions carried out under title I;

1 “(5) report directly to the Secretary concerning
2 all policy- and budget-related matters affecting In-
3 dian health;

4 “(6) collaborate with the Assistant Secretary
5 for Health concerning appropriate matters of Indian
6 health that affect the agencies of the Public Health
7 Service;

8 “(7) advise each Assistant Secretary of the De-
9 partment concerning matters of Indian health with
10 respect to which that Assistant Secretary has au-
11 thority and responsibility;

12 “(8) advise the heads of other agencies and pro-
13 grams of the Department concerning matters of In-
14 dian health with respect to which those heads have
15 authority and responsibility;

16 “(9) coordinate the activities of the Department
17 concerning matters of Indian health; and

18 “(10) perform such other functions as the Sec-
19 retary may designate.

20 “(d) AUTHORITY.—

21 “(1) IN GENERAL.—The Secretary, acting
22 through the Assistant Secretary, shall have the
23 authority—

24 “(A) except to the extent provided for in
25 paragraph (2), to appoint and compensate em-

1 employees for the Service in accordance with title
2 5, United States Code;

3 “(B) to enter into contracts for the pro-
4 curement of goods and services to carry out the
5 functions of the Service; and

6 “(C) to manage, expend, and obligate all
7 funds appropriated for the Service.

8 “(2) PERSONNEL ACTIONS.—Notwithstanding
9 any other provision of law, the provisions of section
10 12 of the Act of June 18, 1934 (48 Stat. 986; 25
11 U.S.C. 472), shall apply to all personnel actions
12 taken with respect to new positions created within
13 the Service as a result of its establishment under
14 subsection (a).

15 “(e) REFERENCES.—Any reference to the Director of
16 the Indian Health Service in any Federal law, Executive
17 order, rule, regulation, or delegation of authority, or in
18 any document of or relating to the Director of the Indian
19 Health Service, shall be deemed to refer to the Assistant
20 Secretary.

1 “(1) IN GENERAL.—The Secretary shall estab-
2 lish an automated management information system
3 for the Service.

4 “(2) REQUIREMENTS OF SYSTEM.—The infor-
5 mation system established under paragraph (1) shall
6 include—

7 “(A) a financial management system;

8 “(B) a patient care information system for
9 each area served by the Service;

10 “(C) a privacy component that protects the
11 privacy of patient information held by, or on be-
12 half of, the Service;

13 “(D) a services-based cost accounting com-
14 ponent that provides estimates of the costs as-
15 sociated with the provision of specific medical
16 treatments or services in each Area office of the
17 Service;

18 “(E) an interface mechanism for patient
19 billing and accounts receivable system; and

20 “(F) a training component.

21 “(b) PROVISION OF SYSTEMS TO TRIBES AND ORGA-
22 NIZATIONS.—The Secretary shall provide each Tribal
23 Health Program automated management information sys-
24 tems which—

1 “(1) meet the management information needs
2 of such Tribal Health Program with respect to the
3 treatment by the Tribal Health Program of patients
4 of the Service; and

5 “(2) meet the management information needs
6 of the Service.

7 “(c) ACCESS TO RECORDS.—Notwithstanding any
8 other provision of law, each patient shall have reasonable
9 access to the medical or health records of such patient
10 which are held by, or on behalf of, the Service.

11 “(d) AUTHORITY TO ENHANCE INFORMATION TECH-
12 NOLOGY.—The Secretary, acting through the Assistant
13 Secretary, shall have the authority to enter into contracts,
14 agreements, or joint ventures with other Federal agencies,
15 States, private and nonprofit organizations, for the pur-
16 pose of enhancing information technology in Indian health
17 programs and facilities.

18 **“SEC. 603. AUTHORIZATION OF APPROPRIATIONS.**

19 ““There is authorized to be appropriated such sums
20 as may be necessary for each fiscal year through fiscal
21 year 2015 to carry out this title.

1 **“TITLE VII—BEHAVIORAL**
2 **HEALTH PROGRAMS**

3 **“SEC. 701. BEHAVIORAL HEALTH PREVENTION AND TREAT-**
4 **MENT SERVICES.**

5 “(a) PURPOSES.—The purposes of this section are as
6 follows:

7 “(1) To authorize and direct the Secretary, act-
8 ing through the Service, Indian Tribes, Tribal Orga-
9 nizations, and Urban Indian Organizations, to de-
10 velop a comprehensive behavioral health prevention
11 and treatment program which emphasizes collabora-
12 tion among alcohol and substance abuse, social serv-
13 ices, and mental health programs.

14 “(2) To provide information, direction, and
15 guidance relating to mental illness and dysfunction
16 and self-destructive behavior, including child abuse
17 and family violence, to those Federal, tribal, State,
18 and local agencies responsible for programs in In-
19 dian communities in areas of health care, education,
20 social services, child and family welfare, alcohol and
21 substance abuse, law enforcement, and judicial serv-
22 ices.

23 “(3) To assist Indian Tribes to identify services
24 and resources available to address mental illness and
25 dysfunctional and self-destructive behavior.

1 “(4) To provide authority and opportunities for
2 Indian Tribes and Tribal Organizations to develop,
3 implement, and coordinate with community-based
4 programs which include identification, prevention,
5 education, referral, and treatment services, including
6 through multidisciplinary resource teams.

7 “(5) To ensure that Indians, as citizens of the
8 United States and of the States in which they re-
9 side, have the same access to behavioral health serv-
10 ices to which all citizens have access.

11 “(6) To modify or supplement existing pro-
12 grams and authorities in the areas identified in
13 paragraph (2).

14 “(b) PLANS.—

15 “(1) DEVELOPMENT.—The Secretary, acting
16 through the Service, Indian Tribes, Tribal Organiza-
17 tions, and Urban Indian Organizations, shall encour-
18 age Indian Tribes and Tribal Organizations to de-
19 velop tribal plans, and Urban Indian Organizations
20 to develop local plans, and for all such groups to
21 participate in developing areawide plans for Indian
22 Behavioral Health Services. The plans shall include,
23 to the extent feasible, the following components:

24 “(A) An assessment of the scope of alcohol
25 or other substance abuse, mental illness, and

1 dysfunctional and self-destructive behavior, in-
2 cluding suicide, child abuse, and family vio-
3 lence, among Indians, including—

4 “(i) the number of Indians served who
5 are directly or indirectly affected by such
6 illness or behavior; or

7 “(ii) an estimate of the financial and
8 human cost attributable to such illness or
9 behavior.

10 “(B) An assessment of the existing and
11 additional resources necessary for the preven-
12 tion and treatment of such illness and behavior,
13 including an assessment of the progress toward
14 achieving the availability of the full continuum
15 of care described in subsection (c).

16 “(C) An estimate of the additional funding
17 needed by the Service, Indian Tribes, Tribal
18 Organizations, and Urban Indian Organizations
19 to meet their responsibilities under the plans.

20 “(2) NATIONAL CLEARINGHOUSE.—The Sec-
21 retary, acting through the Service, shall establish a
22 national clearinghouse of plans and reports on the
23 outcomes of such plans developed by Indian Tribes,
24 Tribal Organizations, Urban Indian Organizations,
25 and Service Areas relating to behavioral health. The

1 Secretary shall ensure access to these plans and out-
2 comes by any Indian Tribe, Tribal Organization,
3 Urban Indian Organization, or the Service.

4 “(3) TECHNICAL ASSISTANCE.—The Secretary
5 shall provide technical assistance to Indian Tribes,
6 Tribal Organizations, and Urban Indian Organiza-
7 tions in preparation of plans under this section and
8 in developing standards of care that may be used
9 and adopted locally.

10 “(c) PROGRAMS.—The Secretary, acting through the
11 Service, Indian Tribes, and Tribal Organizations, shall
12 provide, to the extent feasible and if funding is available,
13 programs including the following:

14 “(1) COMPREHENSIVE CARE.—A comprehensive
15 continuum of behavioral health care which
16 provides—

17 “(A) community-based prevention, inter-
18 vention, outpatient, and behavioral health
19 aftercare;

20 “(B) detoxification (social and medical);

21 “(C) acute hospitalization;

22 “(D) intensive outpatient/day treatment;

23 “(E) residential treatment;

1 “(F) transitional living for those needing a
2 temporary, stable living environment that is
3 supportive of treatment and recovery goals;

4 “(G) emergency shelter;

5 “(H) intensive case management;

6 “(I) Traditional Health Care Practices;

7 and

8 “(J) diagnostic services.

9 “(2) CHILD CARE.—Behavioral health services
10 for Indians from birth through age 17, including—

11 “(A) preschool and school age fetal alcohol
12 disorder services, including assessment and be-
13 havioral intervention;

14 “(B) mental health and substance abuse
15 services (emotional, organic, alcohol, drug, in-
16 halant, and tobacco);

17 “(C) identification and treatment of co-oc-
18 curring disorders and comorbidity;

19 “(D) prevention of alcohol, drug, inhalant,
20 and tobacco use;

21 “(E) early intervention, treatment, and
22 aftercare;

23 “(F) promotion of healthy choices and life-
24 style (related to sexually transmitted diseases,
25 domestic violence, sexual abuse, suicide, teen

1 pregnancy, obesity, and other risk/safety
2 issues); and

3 “(G) identification and treatment of ne-
4 glect and physical, mental, and sexual abuse.

5 “(3) ADULT CARE.—Behavioral health services
6 for Indians from age 18 through 55, including—

7 “(A) early intervention, treatment, and
8 aftercare;

9 “(B) mental health and substance abuse
10 services (emotional, alcohol, drug, inhalant, and
11 tobacco), including gender specific services;

12 “(C) identification and treatment of co-oc-
13 ccurring disorders (dual diagnosis) and comor-
14 bidity;

15 “(D) promotion of gender specific healthy
16 choices and lifestyle (related to parenting, part-
17 ners, domestic violence, sexual abuse, suicide,
18 obesity, and other risk-related behavior);

19 “(E) treatment services for women at risk
20 of giving birth to a child with a fetal alcohol
21 disorder; and

22 “(F) gender specific treatment for sexual
23 assault and domestic violence.

24 “(4) FAMILY CARE.—Behavioral health services
25 for families, including—

1 “(A) early intervention, treatment, and
2 aftercare for affected families;

3 “(B) treatment for sexual assault and do-
4 mestic violence; and

5 “(C) promotion of healthy choices and life-
6 style (related to parenting, partners, domestic
7 violence, and other abuse issues).

8 “(5) ELDER CARE.—Behavioral health services
9 for Indians 56 years of age and older, including—

10 “(A) early intervention, treatment, and
11 aftercare;

12 “(B) mental health and substance abuse
13 services (emotional, alcohol, drug, inhalant, and
14 tobacco), including gender specific services;

15 “(C) identification and treatment of co-oc-
16 curring disorders (dual diagnosis) and comor-
17 bidity;

18 “(D) promotion of healthy choices and life-
19 style (managing conditions related to aging);

20 “(E) gender specific treatment for sexual
21 assault, domestic violence, neglect, physical and
22 mental abuse and exploitation; and

23 “(F) identification and treatment of de-
24 mentias regardless of cause.

25 “(d) COMMUNITY BEHAVIORAL HEALTH PLAN.—

1 “(1) ESTABLISHMENT.—The governing body of
2 any Indian Tribe, Tribal Organization, or Urban In-
3 dian Organization may adopt a resolution for the es-
4 tablishment of a community behavioral health plan
5 providing for the identification and coordination of
6 available resources and programs to identify, pre-
7 vent, or treat substance abuse, mental illness, or
8 dysfunctional and self-destructive behavior, including
9 child abuse and family violence, among its members
10 or its service population. This plan should include
11 behavioral health services, social services, intensive
12 outpatient services, and continuing aftercare.

13 “(2) TECHNICAL ASSISTANCE.—At the request
14 of an Indian Tribe, Tribal Organization, or Urban
15 Indian Organization, the Bureau of Indian Affairs
16 and the Service shall cooperate with and provide
17 technical assistance to the Indian Tribe, Tribal Or-
18 ganization, or Urban Indian Organization in the de-
19 velopment and implementation of such plan.

20 “(3) FUNDING.—The Secretary, acting through
21 the Service, may make funding available to Indian
22 Tribes and Tribal Organizations which adopt a reso-
23 lution pursuant to paragraph (1) to obtain technical
24 assistance for the development of a community be-

1 havioral health plan and to provide administrative
2 support in the implementation of such plan.

3 “(e) COORDINATION FOR AVAILABILITY OF SERV-
4 ICES.—The Secretary, acting through the Service, Indian
5 Tribes, Tribal Organizations, and Urban Indian Organiza-
6 tions, shall coordinate behavioral health planning, to the
7 extent feasible, with other Federal agencies and with State
8 agencies, to encourage comprehensive behavioral health
9 services for Indians regardless of their place of residence.

10 “(f) MENTAL HEALTH CARE NEED ASSESSMENT.—
11 Not later than 1 year after the date of the enactment of
12 the Indian Health Care Improvement Act Amendments of
13 2004, the Secretary, acting through the Service, shall
14 make an assessment of the need for inpatient mental
15 health care among Indians and the availability and cost
16 of inpatient mental health facilities which can meet such
17 need. In making such assessment, the Secretary shall con-
18 sider the possible conversion of existing, underused Service
19 hospital beds into psychiatric units to meet such need.

20 **“SEC. 702. MEMORANDA OF AGREEMENT WITH THE DE-**
21 **PARTMENT OF THE INTERIOR.**

22 “(a) CONTENTS.—Not later than 12 months after the
23 date of the enactment of the Indian Health Care Improve-
24 ment Act Amendments of 2004, the Secretary, acting
25 through the Service, and the Secretary of the Interior shall

1 develop and enter into a memoranda of agreement, or re-
2 view and update any existing memoranda of agreement,
3 as required by section 4205 of the Indian Alcohol and
4 Substance Abuse Prevention and Treatment Act of 1986
5 (25 U.S.C. 2411) under which the Secretaries address the
6 following:

7 “(1) The scope and nature of mental illness and
8 dysfunctional and self-destructive behavior, including
9 child abuse and family violence, among Indians.

10 “(2) The existing Federal, tribal, State, local,
11 and private services, resources, and programs avail-
12 able to provide behavioral health services for Indi-
13 ans.

14 “(3) The unmet need for additional services, re-
15 sources, and programs necessary to meet the needs
16 identified pursuant to paragraph (1).

17 “(4)(A) The right of Indians, as citizens of the
18 United States and of the States in which they re-
19 side, to have access to behavioral health services to
20 which all citizens have access.

21 “(B) The right of Indians to participate in, and
22 receive the benefit of, such services.

23 “(C) The actions necessary to protect the exer-
24 cise of such right.

1 “(5) The responsibilities of the Bureau of In-
2 dian Affairs and the Service, including mental illness
3 identification, prevention, education, referral, and
4 treatment services (including services through multi-
5 disciplinary resource teams), at the central, area,
6 and agency and Service Unit, Service Area, and
7 headquarters levels to address the problems identi-
8 fied in paragraph (1).

9 “(6) A strategy for the comprehensive coordina-
10 tion of the behavioral health services provided by the
11 Bureau of Indian Affairs and the Service to meet
12 the problems identified pursuant to paragraph (1),
13 including—

14 “(A) the coordination of alcohol and sub-
15 stance abuse programs of the Service, the Bu-
16 reau of Indian Affairs, and Indian Tribes and
17 Tribal Organizations (developed under the In-
18 dian Alcohol and Substance Abuse Prevention
19 and Treatment Act of 1986) with behavioral
20 health initiatives pursuant to this Act, particu-
21 larly with respect to the referral and treatment
22 of dually diagnosed individuals requiring behav-
23 ioral health and substance abuse treatment; and

24 “(B) ensuring that the Bureau of Indian
25 Affairs and Service programs and services (in-

1 including multidisciplinary resource teams) ad-
2 dressing child abuse and family violence are co-
3 ordinated with such non-Federal programs and
4 services.

5 “(7) Directing appropriate officials of the Bu-
6 reau of Indian Affairs and the Service, particularly
7 at the agency and Service Unit levels, to cooperate
8 fully with tribal requests made pursuant to commu-
9 nity behavioral health plans adopted under section
10 701(c) and section 4206 of the Indian Alcohol and
11 Substance Abuse Prevention and Treatment Act of
12 1986 (25 U.S.C. 2412).

13 “(8) Providing for an annual review of such
14 agreement by the Secretaries which shall be provided
15 to Congress and Indian Tribes and Tribal Organiza-
16 tions.

17 “(b) SPECIFIC PROVISIONS REQUIRED.—The memo-
18 randa of agreement updated or entered into pursuant to
19 subsection (a) shall include specific provisions pursuant to
20 which the Service shall assume responsibility for—

21 “(1) the determination of the scope of the prob-
22 lem of alcohol and substance abuse among Indians,
23 including the number of Indians within the jurisdic-
24 tion of the Service who are directly or indirectly af-

1 fected by alcohol and substance abuse and the finan-
2 cial and human cost;

3 “(2) an assessment of the existing and needed
4 resources necessary for the prevention of alcohol and
5 substance abuse and the treatment of Indians af-
6 fected by alcohol and substance abuse; and

7 “(3) an estimate of the funding necessary to
8 adequately support a program of prevention of alco-
9 hol and substance abuse and treatment of Indians
10 affected by alcohol and substance abuse.

11 “(c) CONSULTATION.—The Secretary, acting through
12 the Service, and the Secretary of the Interior shall, in de-
13 veloping the memoranda of agreement under subsection
14 (a), consult with and solicit the comments from—

15 “(1) Indian Tribes and Tribal Organizations;

16 “(2) Indians;

17 “(3) Urban Indian Organizations and other In-
18 dian organizations; and

19 “(4) behavioral health service providers.

20 “(d) PUBLICATION.—Each memorandum of agree-
21 ment entered into or renewed (and amendments or modi-
22 fications thereto) under subsection (a) shall be published
23 in the Federal Register. At the same time as publication
24 in the Federal Register, the Secretary shall provide a copy
25 of such memoranda, amendment, or modification to each

1 Indian Tribe, Tribal Organization, and Urban Indian Or-
2 ganization.

3 **“SEC. 703. COMPREHENSIVE BEHAVIORAL HEALTH PRE-**
4 **VENTION AND TREATMENT PROGRAM.**

5 “(a) ESTABLISHMENT.—

6 “(1) IN GENERAL.—The Secretary, acting
7 through the Service, Indian Tribes, and Tribal Orga-
8 nizations, shall provide a program of comprehensive
9 behavioral health, prevention, treatment, and
10 aftercare, including Traditional Health Care Prac-
11 tices, which shall include—

12 “(A) prevention, through educational inter-
13 vention, in Indian communities;

14 “(B) acute detoxification, psychiatric hos-
15 pitalization, residential, and intensive outpatient
16 treatment;

17 “(C) community-based rehabilitation and
18 aftercare;

19 “(D) community education and involve-
20 ment, including extensive training of health
21 care, educational, and community-based per-
22 sonnel;

23 “(E) specialized residential treatment pro-
24 grams for high-risk populations, including but

1 not limited to pregnant and postpartum women
2 and their children; and

3 “(F) diagnostic services.

4 “(2) TARGET POPULATIONS.—The target popu-
5 lation of such programs shall be members of Indian
6 Tribes. Efforts to train and educate key members of
7 the Indian community shall also target employees of
8 health, education, judicial, law enforcement, legal,
9 and social service programs.

10 “(b) CONTRACT HEALTH SERVICES.—

11 “(1) IN GENERAL.—The Secretary, acting
12 through the Service, Indian Tribes, and Tribal Orga-
13 nizations, may enter into contracts with public or
14 private providers of behavioral health treatment
15 services for the purpose of carrying out the program
16 required under subsection (a).

17 “(2) PROVISION OF ASSISTANCE.—In carrying
18 out this subsection, the Secretary shall provide as-
19 sistance to Indian Tribes and Tribal Organizations
20 to develop criteria for the certification of behavioral
21 health service providers and accreditation of service
22 facilities which meet minimum standards for such
23 services and facilities.

1 **“SEC. 704. MENTAL HEALTH TECHNICIAN PROGRAM.**

2 “(a) IN GENERAL.—Under the authority of the Act
3 of November 2, 1921 (25 U.S.C. 13) (commonly known
4 as the ‘Snyder Act’), the Secretary shall establish and
5 maintain a mental health technician program within the
6 Service which—

7 “(1) provides for the training of Indians as
8 mental health technicians; and

9 “(2) employs such technicians in the provision
10 of community-based mental health care that includes
11 identification, prevention, education, referral, and
12 treatment services.

13 “(b) PARAPROFESSIONAL TRAINING.—In carrying
14 out subsection (a), the Secretary, acting through the Serv-
15 ice, Indian Tribes, and Tribal Organizations, shall provide
16 high-standard paraprofessional training in mental health
17 care necessary to provide quality care to the Indian com-
18 munities to be served. Such training shall be based upon
19 a curriculum developed or approved by the Secretary
20 which combines education in the theory of mental health
21 care with supervised practical experience in the provision
22 of such care.

23 “(c) SUPERVISION AND EVALUATION OF TECHNI-
24 CIANS.—The Secretary, acting through the Service, Indian
25 Tribes, and Tribal Organizations, shall supervise and

1 evaluate the mental health technicians in the training pro-
2 gram.

3 “(d) TRADITIONAL HEALTH CARE PRACTICES.—The
4 Secretary, acting through the Service, shall ensure that
5 the program established pursuant to this subsection in-
6 volves the use and promotion of the Traditional Health
7 Care Practices of the Indian Tribes to be served.

8 **“SEC. 705. LICENSING REQUIREMENT FOR MENTAL**
9 **HEALTH CARE WORKERS.**

10 “Subject to the provisions of section 221, any person
11 employed as a psychologist, social worker, or marriage and
12 family therapist for the purpose of providing mental health
13 care services to Indians in a clinical setting under this Act
14 or through a Funding Agreement shall be licensed as a
15 clinical psychologist, social worker, or marriage and family
16 therapist, respectively, or working under the direct super-
17 vision of a licensed clinical psychologist, social worker, or
18 marriage and family therapist, respectively.

19 **“SEC. 706. INDIAN WOMEN TREATMENT PROGRAMS.**

20 “(a) FUNDING.—The Secretary, consistent with sec-
21 tion 701, shall make funds available to Indian Tribes,
22 Tribal Organizations, and Urban Indian Organizations to
23 develop and implement a comprehensive behavioral health
24 program of prevention, intervention, treatment, and re-
25 lapse prevention services that specifically addresses the

1 spiritual, cultural, historical, social, and child care needs
2 of Indian women, regardless of age.

3 “(b) USE OF FUNDS.—Funds made available pursu-
4 ant to this section may be used to—

5 “(1) develop and provide community training,
6 education, and prevention programs for Indian
7 women relating to behavioral health issues, including
8 fetal alcohol disorders;

9 “(2) identify and provide psychological services,
10 counseling, advocacy, support, and relapse preven-
11 tion to Indian women and their families; and

12 “(3) develop prevention and intervention models
13 for Indian women which incorporate Traditional
14 Health Care Practices, cultural values, and commu-
15 nity and family involvement.

16 “(c) CRITERIA.—The Secretary, in consultation with
17 Indian Tribes and Tribal Organizations, shall establish
18 criteria for the review and approval of applications and
19 proposals for funding under this section.

20 “(d) EARMARK OF CERTAIN FUNDS.—Twenty per-
21 cent of the funds appropriated pursuant to this section
22 shall be used to make grants to Urban Indian Organiza-
23 tions.

1 **“SEC. 707. INDIAN YOUTH PROGRAM.**

2 “(a) DETOXIFICATION AND REHABILITATION.—The
3 Secretary, acting through the Service, consistent with sec-
4 tion 701, shall develop and implement a program for acute
5 detoxification and treatment for Indian youths, including
6 behavioral health services. The program shall include re-
7 gional treatment centers designed to include detoxification
8 and rehabilitation for both sexes on a referral basis and
9 programs developed and implemented by Indian Tribes or
10 Tribal Organizations at the local level under the Indian
11 Self-Determination and Education Assistance Act. Re-
12 gional centers shall be integrated with the intake and re-
13 habilitation programs based in the referring Indian com-
14 munity.

15 “(b) ALCOHOL AND SUBSTANCE ABUSE TREATMENT
16 CENTERS OR FACILITIES.—

17 “(1) ESTABLISHMENT.—

18 “(A) IN GENERAL.—The Secretary, acting
19 through the Service, Indian Tribes, and Tribal
20 Organizations, shall construct, renovate, or, as
21 necessary, purchase, and appropriately staff
22 and operate, at least 1 youth regional treatment
23 center or treatment network in each area under
24 the jurisdiction of an Area Office.

25 “(B) AREA OFFICE IN CALIFORNIA.—For
26 the purposes of this subsection, the Area Office

1 in California shall be considered to be 2 Area
2 Offices, 1 office whose jurisdiction shall be con-
3 sidered to encompass the northern area of the
4 State of California, and 1 office whose jurisdic-
5 tion shall be considered to encompass the re-
6 mainder of the State of California for the pur-
7 pose of implementing California treatment net-
8 works.

9 “(2) FUNDING.—For the purpose of staffing
10 and operating such centers or facilities, funding
11 shall be pursuant to the Act of November 2, 1921
12 (25 U.S.C. 13).

13 “(3) LOCATION.—A youth treatment center
14 constructed or purchased under this subsection shall
15 be constructed or purchased at a location within the
16 area described in paragraph (1) agreed upon (by ap-
17 propriate tribal resolution) by a majority of the In-
18 dian Tribes to be served by such center.

19 “(4) SPECIFIC PROVISION OF FUNDS.—

20 “(A) IN GENERAL.—Notwithstanding any
21 other provision of this title, the Secretary may,
22 from amounts authorized to be appropriated for
23 the purposes of carrying out this section, make
24 funds available to—

1 “(i) the Tanana Chiefs Conference,
2 Incorporated, for the purpose of leasing,
3 constructing, renovating, operating, and
4 maintaining a residential youth treatment
5 facility in Fairbanks, Alaska; and

6 “(ii) the Southeast Alaska Regional
7 Health Corporation to staff and operate a
8 residential youth treatment facility without
9 regard to the proviso set forth in section
10 4(l) of the Indian Self-Determination and
11 Education Assistance Act (25 U.S.C.
12 450b(l)).

13 “(B) PROVISION OF SERVICES TO ELIGI-
14 BLE YOUTHS.—Until additional residential
15 youth treatment facilities are established in
16 Alaska pursuant to this section, the facilities
17 specified in subparagraph (A) shall make every
18 effort to provide services to all eligible Indian
19 youths residing in Alaska.

20 “(c) INTERMEDIATE ADOLESCENT BEHAVIORAL
21 HEALTH SERVICES.—

22 “(1) IN GENERAL.—The Secretary, acting
23 through the Service, Indian Tribes, and Tribal Orga-
24 nizations, may provide intermediate behavioral
25 health services, which may incorporate Traditional

1 Health Care Practices, to Indian children and ado-
2 lescents, including—

3 “(A) pretreatment assistance;

4 “(B) inpatient, outpatient, and aftercare
5 services;

6 “(C) emergency care;

7 “(D) suicide prevention and crisis interven-
8 tion; and

9 “(E) prevention and treatment of mental
10 illness and dysfunctional and self-destructive
11 behavior, including child abuse and family vio-
12 lence.

13 “(2) USE OF FUNDS.—Funds provided under
14 this subsection may be used—

15 “(A) to construct or renovate an existing
16 health facility to provide intermediate behav-
17 ioral health services;

18 “(B) to hire behavioral health profes-
19 sionals;

20 “(C) to staff, operate, and maintain an in-
21 termediate mental health facility, group home,
22 sober housing, transitional housing or similar
23 facilities, or youth shelter where intermediate
24 behavioral health services are being provided;

1 “(D) to make renovations and hire appro-
2 priate staff to convert existing hospital beds
3 into adolescent psychiatric units; and

4 “(E) for intensive home- and community-
5 based services.

6 “(3) CRITERIA.—The Secretary, acting through
7 the Service, shall, in consultation with Indian Tribes
8 and Tribal Organizations, establish criteria for the
9 review and approval of applications or proposals for
10 funding made available pursuant to this subsection.

11 “(d) FEDERALLY OWNED STRUCTURES.—

12 “(1) IN GENERAL.—The Secretary, in consulta-
13 tion with Indian Tribes and Tribal Organizations,
14 shall—

15 “(A) identify and use, where appropriate,
16 federally owned structures suitable for local res-
17 idential or regional behavioral health treatment
18 for Indian youths; and

19 “(B) establish guidelines, in consultation
20 with Indian Tribes and Tribal Organizations,
21 for determining the suitability of any such fed-
22 erally owned structure to be used for local resi-
23 dential or regional behavioral health treatment
24 for Indian youths.

1 “(2) TERMS AND CONDITIONS FOR USE OF
2 STRUCTURE.—Any structure described in paragraph
3 (1) may be used under such terms and conditions as
4 may be agreed upon by the Secretary and the agency
5 having responsibility for the structure and any In-
6 dian Tribe or Tribal Organization operating the pro-
7 gram.

8 “(e) REHABILITATION AND AFTERCARE SERVICES.—

9 “(1) IN GENERAL.—The Secretary, Indian
10 Tribes, or Tribal Organizations, in cooperation with
11 the Secretary of the Interior, shall develop and im-
12 plement within each Service Unit, community-based
13 rehabilitation and follow-up services for Indian
14 youths who are having significant behavioral health
15 problems, and require long-term treatment, commu-
16 nity reintegration, and monitoring to support the In-
17 dian youths after their return to their home commu-
18 nity.

19 “(2) ADMINISTRATION.—Services under para-
20 graph (1) shall be provided by trained staff within
21 the community who can assist the Indian youths in
22 their continuing development of self-image, positive
23 problem-solving skills, and nonalcohol or substance
24 abusing behaviors. Such staff may include alcohol
25 and substance abuse counselors, mental health pro-

1 professionals, and other health professionals and para-
2 professionals, including community health represent-
3 atives.

4 “(f) INCLUSION OF FAMILY IN YOUTH TREATMENT
5 PROGRAM.—In providing the treatment and other services
6 to Indian youths authorized by this section, the Secretary,
7 acting through the Service, Indian Tribes, and Tribal Or-
8 ganizations, shall provide for the inclusion of family mem-
9 bers of such youths in the treatment programs or other
10 services as may be appropriate. Not less than 10 percent
11 of the funds appropriated for the purposes of carrying out
12 subsection (e) shall be used for outpatient care of adult
13 family members related to the treatment of an Indian
14 youth under that subsection.

15 “(g) MULTIDRUG ABUSE PROGRAM.—The Secretary,
16 acting through the Service, Indian Tribes, Tribal Organi-
17 zations, and Urban Indian Organizations, shall provide,
18 consistent with section 701, programs and services to pre-
19 vent and treat the abuse of multiple forms of substances,
20 including, but not limited to, alcohol, drugs, inhalants, and
21 tobacco, among Indian youths residing in Indian commu-
22 nities, on or near reservations, and in urban areas and
23 provide appropriate mental health services to address the
24 incidence of mental illness among such youths.

1 **“SEC. 708. INPATIENT AND COMMUNITY-BASED MENTAL**
2 **HEALTH FACILITIES DESIGN, CONSTRUC-**
3 **TION, AND STAFFING.**

4 “Not later than 1 year after the date of the enact-
5 ment of the Indian Health Care Improvement Act Amend-
6 ments of 2004, the Secretary, acting through the Service,
7 Indian Tribes, and Tribal Organizations, may provide, in
8 each area of the Service, not less than 1 inpatient mental
9 health care facility, or the equivalent, for Indians with be-
10 havioral health problems. For the purposes of this sub-
11 section, California shall be considered to be 2 Area Offices,
12 1 office whose location shall be considered to encompass
13 the northern area of the State of California and 1 office
14 whose jurisdiction shall be considered to encompass the
15 remainder of the State of California. The Secretary shall
16 consider the possible conversion of existing, underused
17 Service hospital beds into psychiatric units to meet such
18 need.

19 **“SEC. 709. TRAINING AND COMMUNITY EDUCATION.**

20 “(a) PROGRAM.—The Secretary, in cooperation with
21 the Secretary of the Interior, shall develop and implement
22 or provide funding for Indian Tribes and Tribal Organiza-
23 tions to develop and implement, within each Service Unit
24 or tribal program, a program of community education and
25 involvement which shall be designed to provide concise and
26 timely information to the community leadership of each

1 tribal community. Such program shall include education
2 about behavioral health issues to political leaders, Tribal
3 judges, law enforcement personnel, members of tribal
4 health and education boards, health care providers includ-
5 ing traditional practitioners, and other critical members
6 of each tribal community. Community-based training (ori-
7 ented toward local capacity development) shall also include
8 tribal community provider training (designed for adult
9 learners from the communities receiving services for pre-
10 vention, intervention, treatment, and aftercare).

11 “(b) INSTRUCTION.—The Secretary, acting through
12 the Service, shall, either directly or through Indian Tribes
13 and Tribal Organizations, provide instruction in the area
14 of behavioral health issues, including instruction in crisis
15 intervention and family relations in the context of alcohol
16 and substance abuse, child sexual abuse, youth alcohol and
17 substance abuse, and the causes and effects of fetal alco-
18 hol disorders to appropriate employees of the Bureau of
19 Indian Affairs and the Service, and to personnel in schools
20 or programs operated under any contract with the Bureau
21 of Indian Affairs or the Service, including supervisors of
22 emergency shelters and halfway houses described in sec-
23 tion 4213 of the Indian Alcohol and Substance Abuse Pre-
24 vention and Treatment Act of 1986 (25 U.S.C. 2433).

1 “(c) TRAINING MODELS.—In carrying out the edu-
2 cation and training programs required by this section, the
3 Secretary, in consultation with Indian Tribes, Tribal Or-
4 ganizations, Indian behavioral health experts, and Indian
5 alcohol and substance abuse prevention experts, shall de-
6 velop and provide community-based training models. Such
7 models shall address—

8 “(1) the elevated risk of alcohol and behavioral
9 health problems faced by children of alcoholics;

10 “(2) the cultural, spiritual, and
11 multigenerational aspects of behavioral health prob-
12 lem prevention and recovery; and

13 “(3) community-based and multidisciplinary
14 strategies for preventing and treating behavioral
15 health problems.

16 **“SEC. 710. BEHAVIORAL HEALTH PROGRAM.**

17 “(a) INNOVATIVE PROGRAMS.—The Secretary, acting
18 through the Service, Indian Tribes, and Tribal Organiza-
19 tions, consistent with section 701, may plan, develop, im-
20 plement, and carry out programs to deliver innovative
21 community-based behavioral health services to Indians.

22 “(b) FUNDING; CRITERIA.—The Secretary may
23 award such funding for a project under subsection (a) to
24 an Indian Tribe or Tribal Organization and may consider
25 the following criteria:

1 “(1) The project will address significant unmet
2 behavioral health needs among Indians.

3 “(2) The project will serve a significant number
4 of Indians.

5 “(3) The project has the potential to deliver
6 services in an efficient and effective manner.

7 “(4) The Indian Tribe or Tribal Organization
8 has the administrative and financial capability to ad-
9 minister the project.

10 “(5) The project may deliver services in a man-
11 ner consistent with Traditional Health Care Prac-
12 tices.

13 “(6) The project is coordinated with, and avoids
14 duplication of, existing services.

15 “(c) **EQUITABLE TREATMENT.**—For purposes of this
16 subsection, the Secretary shall, in evaluating applications
17 or proposals for funding for projects to be operated under
18 any Funding Agreement, use the same criteria that the
19 Secretary uses in evaluating any other application or pro-
20 posal for such funding.

21 **“SEC. 711. FETAL ALCOHOL DISORDER FUNDING.**

22 “(a) **PROGRAMS.**—

23 “(1) **ESTABLISHMENT.**—The Secretary, con-
24 sistent with section 701, acting through the Service,
25 Indian Tribes, and Tribal Organizations, shall estab-

1 lish and operate fetal alcohol disorder programs as
2 provided in this section for the purposes of meeting
3 the health status objectives specified in section 3.

4 “(2) USE OF FUNDS.—Funding provided pursu-
5 ant to this section shall be used for the following:

6 “(A) To develop and provide for Indians
7 community and in school training, education,
8 and prevention programs relating to fetal alco-
9 hol disorders.

10 “(B) To identify and provide behavioral
11 health treatment to high-risk Indian women
12 and high-risk women pregnant with an Indian’s
13 child.

14 “(C) To identify and provide appropriate
15 psychological services, educational and voca-
16 tional support, counseling, advocacy, and infor-
17 mation to fetal alcohol disorder affected Indians
18 and their families or caretakers.

19 “(D) To develop and implement counseling
20 and support programs in schools for fetal alco-
21 hol disorder affected Indian children.

22 “(E) To develop prevention and interven-
23 tion models which incorporate practitioners of
24 Traditional Health Care Practices, cultural and
25 spiritual values, and community involvement.

1 “(F) To develop, print, and disseminate
2 education and prevention materials on fetal al-
3 cohol disorder.

4 “(G) To develop and implement, through
5 the tribal consultation process, culturally sen-
6 sitive assessment and diagnostic tools including
7 dysmorphology clinics and multidisciplinary
8 fetal alcohol disorder clinics for use in Indian
9 communities and Urban Centers.

10 “(H) To develop early childhood interven-
11 tion projects from birth on to mitigate the ef-
12 fects of fetal alcohol disorder among Indians.

13 “(I) To develop and fund community-based
14 adult fetal alcohol disorder housing and support
15 services for Indians and for women pregnant
16 with an Indian’s child.

17 “(3) CRITERIA FOR APPLICATIONS.—The Sec-
18 retary shall establish criteria for the review and ap-
19 proval of applications for funding under this section.

20 “(b) SERVICES.—The Secretary, acting through the
21 Service and Indian Tribes, Tribal Organizations, and
22 Urban Indian Organizations, shall—

23 “(1) develop and provide services for the pre-
24 vention, intervention, treatment, and aftercare for

1 those affected by fetal alcohol disorder in Indian
2 communities; and

3 “(2) provide supportive services, directly or
4 through an Indian Tribe, Tribal Organization, or
5 Urban Indian Organization, including services to
6 meet the special educational, vocational, school-to-
7 work transition, and independent living needs of ad-
8 olescent and adult Indians with fetal alcohol dis-
9 order.

10 “(c) TASK FORCE.—The Secretary shall establish a
11 task force to be known as the Fetal Alcohol Disorder Task
12 Force to advise the Secretary in carrying out subsection
13 (b). Such task force shall be composed of representatives
14 from the following:

15 “(1) The National Institute on Drug Abuse.

16 “(2) The National Institute on Alcohol and Al-
17 coholism.

18 “(3) The Office of Substance Abuse Prevention.

19 “(4) The National Institute of Mental Health.

20 “(5) The Service.

21 “(6) The Office of Minority Health of the De-
22 partment of Health and Human Services.

23 “(7) The Administration for Native Americans.

24 “(8) The National Institute of Child Health
25 and Human Development (NICHD).

1 “(9) The Centers for Disease Control and Pre-
2 vention.

3 “(10) The Bureau of Indian Affairs.

4 “(11) Indian Tribes.

5 “(12) Tribal Organizations.

6 “(13) Urban Indian Organizations.

7 “(14) Indian fetal alcohol disorder experts.

8 “(d) APPLIED RESEARCH PROJECTS.—The Sec-
9 retary, acting through the Substance Abuse and Mental
10 Health Services Administration, shall make funding avail-
11 able to Indian Tribes, Tribal Organizations, and Urban
12 Indian Organizations for applied research projects which
13 propose to elevate the understanding of methods to pre-
14 vent, intervene, treat, or provide rehabilitation and behav-
15 ioral health aftercare for Indians and Urban Indians af-
16 fected by fetal alcohol disorder.

17 “(e) FUNDING FOR URBAN INDIAN ORGANIZA-
18 TIONS.—Ten percent of the funds appropriated pursuant
19 to this section shall be used to make grants to Urban In-
20 dian Organizations funded under title V.

21 **“SEC. 712. CHILD SEXUAL ABUSE AND PREVENTION TREAT-**
22 **MENT PROGRAMS.**

23 “(a) ESTABLISHMENT.—The Secretary, acting
24 through the Service, and the Secretary of the Interior, In-
25 dian Tribes, and Tribal Organizations shall establish, con-

1 sistent with section 701, in every Service Area, programs
2 involving treatment for—

3 “(1) victims of sexual abuse who are Indian
4 children or children in an Indian household; and

5 “(2) perpetrators of child sexual abuse who are
6 Indian or members of an Indian household.

7 “(b) USE OF FUNDS.—Funding provided pursuant to
8 this section shall be used for the following:

9 “(1) To develop and provide community edu-
10 cation and prevention programs related to sexual
11 abuse of Indian children or children in an Indian
12 household.

13 “(2) To identify and provide behavioral health
14 treatment to victims of sexual abuse who are Indian
15 children or children in an Indian household, and to
16 their family members who are affected by sexual
17 abuse.

18 “(3) To develop prevention and intervention
19 models which incorporate Traditional Health Care
20 Practices, cultural and spiritual values, and commu-
21 nity involvement.

22 “(4) To develop and implement, through the
23 tribal consultation process, culturally sensitive as-
24 sessment and diagnostic tools for use in Indian com-
25 munities and Urban Centers.

1 “(5) To identify and provide behavioral health
2 treatment to Indian perpetrators and perpetrators
3 who are members of an Indian household—

4 “(A) making efforts to begin offender and
5 behavioral health treatment while the perpe-
6 trator is incarcerated or at the earliest possible
7 date if the perpetrator is not incarcerated; and

8 “(B) providing treatment after the pepe-
9 trator is released, until it is determined that the
10 perpetrator is not a threat to children.

11 **“SEC. 713. BEHAVIORAL HEALTH RESEARCH.**

12 “The Secretary, in consultation with appropriate
13 Federal agencies, shall provide funding to Indian Tribes,
14 Tribal Organizations, and Urban Indian Organizations or
15 enter into contracts with, or make grants to appropriate
16 institutions for, the conduct of research on the incidence
17 and prevalence of behavioral health problems among Indi-
18 ans served by the Service, Indian Tribes, or Tribal Organi-
19 zations and among Indians in urban areas. Research pri-
20 orities under this section shall include—

21 “(1) the interrelationship and interdependence
22 of behavioral health problems with alcoholism and
23 other substance abuse, suicide, homicides, other in-
24 juries, and the incidence of family violence; and

1 “(2) the development of models of prevention
2 techniques.

3 The effect of the interrelationships and interdependencies
4 referred to in paragraph (1) on children, and the develop-
5 ment of prevention techniques under paragraph (2) appli-
6 cable to children, shall be emphasized.

7 **“SEC. 714. DEFINITIONS.**

8 “For the purpose of this title, the following defini-
9 tions shall apply:

“(1) ASSESSMENT.—The term ‘assessment’ means the systematic collection, analysis, and dissemination of information on health status, health needs, and health problems.

“(2) ALCOHOL-RELATED NEURODEVELOPMENTAL DISORDERS OR ARND.—The term ‘alcohol-related neurodevelopmental disorders’ or ‘ARND’ means a central nervous system or behavioral disorder, following a maternal history of alcohol consumption during pregnancy, that may involve—

21 “(A) physical manifestations such as devel-
22 opment delay, intellectual deficit, neurologic ab-
23 normalities, or failure to thrive as infants; or

24 “(B) behavioral manifestations such as ir-
25 ritability, or for older children, hyperactivity,

1 attention deficit, language dysfunction, or per-
2 ceptual or judgment difficulties.

3 “(3) BEHAVIORAL HEALTH AFTERCARE.—The
4 term ‘behavioral health aftercare’ includes those ac-
5 tivities and resources used to support recovery fol-
6 lowing inpatient, residential, intensive substance
7 abuse, or mental health outpatient or outpatient
8 treatment. The purpose is to help prevent or deal
9 with relapse by ensuring that by the time a client or
10 patient is discharged from a level of care, such as
11 outpatient treatment, an aftercare plan has been de-
12 veloped with the client. An aftercare plan may use
13 such resources as a community-based therapeutic
14 group, transitional living facilities, a 12-step spon-
15 sor, a local 12-step or other related support group,
16 and other community-based providers (mental health
17 professionals, traditional health care practitioners,
18 community health aides, community health rep-
19 resentatives, mental health technicians, ministers,
20 etc.)

21 “(4) DUAL DIAGNOSIS.—The term ‘dual diag-
22 nosis’ means coexisting substance abuse and mental
23 illness conditions or diagnosis. Such clients are
24 sometimes referred to as mentally ill chemical abus-
25 ers (MICAs).

1 “(5) FETAL ALCOHOL DISORDERS.—The term
2 ‘fetal alcohol disorders’ means fetal alcohol syn-
3 drome, partial fetal alcohol syndrome and alcohol re-
4 lated neurodevelopmental disorder (ARND).

5 “(6) FETAL ALCOHOL SYNDROME OR FAS.—
6 The term ‘fetal alcohol syndrome’ or ‘FAS’ means a
7 syndrome in which, with a history of maternal alco-
8 hol consumption during pregnancy, the following cri-
9 teria are met:

10 “(A) Central nervous system involvement
11 such as developmental delay, intellectual deficit,
12 microencephaly, or neurologic abnormalities.

13 “(B) Craniofacial abnormalities with at
14 least 2 of the following: microphthalmia, short
15 palpebral fissures, poorly developed philtrum,
16 thin upper lip, flat nasal bridge, and short
17 upturned nose.

18 “(C) Prenatal or postnatal growth delay.

19 “(7) PARTIAL FAS.—The term ‘partial FAS’
20 means, with a history of maternal alcohol consump-
21 tion during pregnancy, having most of the criteria of
22 FAS, though not meeting a minimum of at least 2
23 of the following: microphthalmia, short palpebral
24 fissures, poorly developed philtrum, thin upper lip,
25 flat nasal bridge, and short upturned nose.

1 “(8) REHABILITATION.—The term ‘rehabilita-
2 tion’ means to restore the ability or capacity to en-
3 gage in usual and customary life activities through
4 education and therapy.

5 “(9) SUBSTANCE ABUSE.—The term ‘substance
6 abuse’ includes inhalant abuse.

7 **“SEC. 715. AUTHORIZATION OF APPROPRIATIONS.**

8 “‘There is authorized to be appropriated such sums
9 as may be necessary for each fiscal year through fiscal
10 year 2015 to carry out the provisions of this title.

11 **“TITLE VIII—MISCELLANEOUS**

12 **“SEC. 801. REPORTS.**

13 “‘The President shall, at the time the budget is sub-
14 mitted under section 1105 of title 31, United States Code,
15 for each fiscal year transmit to Congress a report con-
16 taining the following:

17 “(1) A report on the progress made in meeting
18 the objectives of this Act, including a review of pro-
19 grams established or assisted pursuant to this Act
20 and assessments and recommendations of additional
21 programs or additional assistance necessary to, at a
22 minimum, provide health services to Indians and en-
23 sure a health status for Indians, which are at a par-
24 ity with the health services available to and the
25 health status of the general population, including

1 specific comparisons of appropriations provided and
2 those required for such parity.

3 “(2) A report on whether, and to what extent,
4 new national health care programs, benefits, initia-
5 tives, or financing systems have had an impact on
6 the purposes of this Act and any steps that the Sec-
7 retary may have taken to consult with Indian Tribes,
8 Tribal Organizations, and Urban Indian Organiza-
9 tions to address such impact, including a report on
10 proposed changes in allocation of funding pursuant
11 to section 808.

12 “(3) A report on the use of health services by
13 Indians—

14 “(A) on a national and area or other rel-
15 evant geographical basis;

16 “(B) by gender and age;

17 “(C) by source of payment and type of
18 service;

19 “(D) comparing such rates of use with
20 rates of use among comparable non-Indian pop-
21 ulations; and

22 “(E) provided under Funding Agreements.

23 “(4) A report of contractors to the Secretary on
24 Health Care Educational Loan Repayments every 6
25 months required by section 110.

1 “(5) A general audit report of the Secretary on
2 the Health Care Educational Loan Repayment Pro-
3 gram as required by section 110(n).

4 “(6) A report of the findings and conclusions of
5 demonstration programs on development of edu-
6 cational curricula for substance abuse counseling as
7 required in section 126(f).

8 “(7) A separate statement which specifies the
9 amount of funds requested to carry out the provi-
10 sions of section 201.

11 “(8) A report of the evaluations of health pro-
12 motion and disease prevention as required in section
13 203(c).

14 “(9) A biennial report to Congress on infectious
15 diseases as required by section 212.

16 “(10) A report on environmental and nuclear
17 health hazards as required by section 215.

18 “(11) An annual report on the status of all
19 health care facilities needs as required by section
20 301(c)(2) and 301(d).

21 “(12) Reports on safe water and sanitary waste
22 disposal facilities as required by section 302(h).

23 “(13) An annual report on the expenditure of
24 nonservice funds for renovation as required by sec-
25 tions 304(b)(2).

1 “(14) A report identifying the backlog of main-
2 tenance and repair required at Service and tribal fa-
3 cilities required by section 313(a).

4 “(15) A report providing an accounting of reim-
5 bursement funds made available to the Secretary
6 under titles XVIII, XIX, and XXI of the Social Se-
7 curity Act.

8 “(16) A report on any arrangements for the
9 sharing of medical facilities or services between the
10 Service, Indian Tribes, and Tribal Organizations,
11 and the Department of Veterans Affairs and the De-
12 partment of Defense, as authorized by section 406.

13 “(17) A report on evaluation and renewal of
14 Urban Indian programs under section 505.

15 “(18) A report on the evaluation of programs
16 as required by section 513(d).

17 “(19) A report on alcohol and substance abuse
18 as required by section 701(f).

19 **“SEC. 802. REGULATIONS.**

20 “(a) DEADLINES.—

21 “(1) PROCEDURES.—Not later than 90 days
22 after the date of the enactment of the Indian Health
23 Care Improvement Act Amendments of 2004, the
24 Secretary shall initiate procedures under subchapter
25 III of chapter 5 of title 5, United States Code, to

1 negotiate and promulgate such regulations or
2 amendments thereto that are necessary to carry out
3 titles I, II, III, and VII and section 817. The Sec-
4 retary may promulgate regulations to carry out sec-
5 tions 105, 115, 117, and titles IV and V, using the
6 procedures required by chapter V of title 5, United
7 States Code (commonly known as the ‘Administra-
8 tive Procedure Act’. The Secretary shall issue no
9 regulations to carry out titles VI and VIII, except as
10 necessary to carry out section 817.

11 “(2) PROPOSED REGULATIONS.—Proposed reg-
12 ulations to implement this Act shall be published in
13 the Federal Register by the Secretary no later than
14 270 days after the date of the enactment of the In-
15 dian Health Care Improvement Act Amendments of
16 2004 and shall have no less than a 120-day com-
17 ment period.

18 “(3) EXPIRATION OF AUTHORITY.—The author-
19 ity to promulgate regulations under this Act shall
20 expire 18 months from the date of the enactment of
21 this Act.

22 “(b) COMMITTEE.—A negotiated rulemaking com-
23 mittee established pursuant to section 565 of title 5,
24 United States Code, to carry out this section shall have
25 as its members only representatives of the Federal Gov-

1 ernment and representatives of Indian Tribes and Tribal
2 Organizations, a majority of whom shall be nominated by
3 and be representatives of Indian Tribes, Tribal Organiza-
4 tions, and Urban Indian Organizations from each Service
5 Area.

6 “(c) ADAPTATION OF PROCEDURES.—The Secretary
7 shall adapt the negotiated rulemaking procedures to the
8 unique context of self-governance and the government-to-
9 government relationship between the United States and
10 Indian Tribes.

11 “(d) LACK OF REGULATIONS.—The lack of promul-
12 gated regulations shall not limit the effect of this Act.

13 “(e) INCONSISTENT REGULATIONS.—The provisions
14 of this Act shall supersede any conflicting provisions of
15 law in effect on the day before the date of the enactment
16 of the Indian Health Care Improvement Act Amendments
17 of 2004, and the Secretary is authorized to repeal any reg-
18 ulation inconsistent with the provisions of this Act.

19 **“SEC. 803. PLAN OF IMPLEMENTATION.**

20 “Not later than 8 months after the date of the enact-
21 ment of the Indian Health Care Improvement Act Amend-
22 ments of 2004, the Secretary in consultation with Indian
23 Tribes, Tribal Organizations, and Urban Indian Organiza-
24 tions, shall submit to Congress a plan explaining the man-
25 ner and schedule (including a schedule of appropriation

1 requests), by title and section, by which the Secretary will
2 implement the provisions of this Act.

3 **“SEC. 804. AVAILABILITY OF FUNDS.**

4 “The funds appropriated pursuant to this Act shall
5 remain available until expended.

6 **“SEC. 805. LIMITATION ON USE OF FUNDS APPROPRIATED**
7 **TO THE INDIAN HEALTH SERVICE.**

8 “Any limitation on the use of funds contained in an
9 Act providing appropriations for the Department for a pe-
10 riod with respect to the performance of abortions shall
11 apply for that period with respect to the performance of
12 abortions using funds contained in an Act providing ap-
13 propriations for the Service.

14 **“SEC. 806. ELIGIBILITY OF CALIFORNIA INDIANS.**

15 “(a) IN GENERAL.—The following California Indians
16 shall be eligible for health services provided by the Service:

17 “(1) Any member of a federally recognized In-
18 dian Tribe.

19 “(2) Any descendant of an Indian who was re-
20 siding in California on June 1, 1852, if such
21 descendant—

22 “(A) is a member of the Indian community
23 served by a local program of the Service; and

24 “(B) is regarded as an Indian by the com-
25 munity in which such descendant lives.

1 “(3) Any Indian who holds trust interests in
2 public domain, national forest, or reservation allot-
3 ments in California.

4 “(4) Any Indian in California who is listed on
5 the plans for distribution of the assets of rancherias
6 and reservations located within the State of Cali-
7 fornia under the Act of August 18, 1958 (72 Stat.
8 619), and any descendant of such an Indian.

9 “(b) CLARIFICATION.—Nothing in this section may
10 be construed as expanding the eligibility of California Indi-
11 ans for health services provided by the Service beyond the
12 scope of eligibility for such health services that applied on
13 May 1, 1986.

14 **“SEC. 807. HEALTH SERVICES FOR INELIGIBLE PERSONS.**

15 “(a) CHILDREN.—Any individual who—

16 “(1) has not attained 19 years of age;

17 “(2) is the natural or adopted child, stepchild,
18 foster child, legal ward, or orphan of an eligible In-
19 dian; and

20 “(3) is not otherwise eligible for health services
21 provided by the Service,

22 shall be eligible for all health services provided by the
23 Service on the same basis and subject to the same rules
24 that apply to eligible Indians until such individual attains
25 19 years of age. The existing and potential health needs

1 of all such individuals shall be taken into consideration
2 by the Service in determining the need for, or the alloca-
3 tion of, the health resources of the Service. If such an indi-
4 vidual has been determined to be legally incompetent prior
5 to attaining 19 years of age, such individual shall remain
6 eligible for such services until 1 year after the date of a
7 determination of competency.

8 “(b) SPOUSES.—Any spouse of an eligible Indian who
9 is not an Indian, or who is of Indian descent but not other-
10 wise eligible for the health services provided by the Serv-
11 ice, shall be eligible for such health services if all such
12 spouses or spouses who are married to members of the
13 Indian Tribe(s) being served are made eligible, as a class,
14 by an appropriate resolution of the governing body of the
15 Indian Tribe or Tribal Organization providing such serv-
16 ices. The health needs of persons made eligible under this
17 paragraph shall not be taken into consideration by the
18 Service in determining the need for, or allocation of, its
19 health resources.

20 “(c) PROVISION OF SERVICES TO OTHER INDIVID-
21 UALS.—

22 “(1) IN GENERAL.—The Secretary is authorized
23 to provide health services under this subsection
24 through health programs operated directly by the
25 Service to individuals who reside within the Service

1 Unit and who are not otherwise eligible for such
2 health services if—

3 “(A) the Indian Tribes served by such
4 Service Unit request such provision of health
5 services to such individuals; and

6 “(B) the Secretary and the served Indian
7 Tribes have jointly determined that—

8 “(i) the provision of such health serv-
9 ices will not result in a denial or diminu-
10 tion of health services to eligible Indians;
11 and

12 “(ii) there is no reasonable alternative
13 health facilities or services, within or with-
14 out the Service Unit, available to meet the
15 health needs of such individuals.

16 “(2) ISDEAA PROGRAMS.—In the case of a
17 Tribal Health Program, the governing body of the
18 Indian Tribe or Tribal Organization providing health
19 services under such Tribal Health Program is au-
20 thorized to determine whether health services should
21 be provided under its Funding Agreement to individ-
22 uals who are not otherwise eligible for such services.
23 In making such determination, the governing body
24 shall take into account the considerations described
25 in clauses (i) and (ii) of paragraph (1)(B).

1 “(3) PAYMENT FOR SERVICES.—

2 “(A) IN GENERAL.—Persons receiving
3 health services provided by the Service under
4 this subsection shall be liable for payment of
5 such health services under a schedule of charges
6 prescribed by the Secretary which, in the judg-
7 ment of the Secretary, results in reimbursement
8 in an amount not less than the actual cost of
9 providing the health services. Notwithstanding
10 section 404 of this Act or any other provision
11 of law, amounts collected under this subsection,
12 including medicare, medicaid, or SCHIP reim-
13 bursements under titles XVIII, XIX, and XXI
14 of the Social Security Act, shall be credited to
15 the account of the program providing the serv-
16 ice and shall be used for the purposes listed in
17 section 401(d)(2) and amounts collected under
18 this subsection shall be available for expendi-
19 ture within such program.

20 “(B) INDIGENT PEOPLE.—Health services
21 may be provided by the Secretary through the
22 Service under this subsection to an indigent in-
23 dividual who would not be otherwise eligible for
24 such health services but for the provisions of
25 paragraph (1) only if an agreement has been

1 entered into with a State or local government
2 under which the State or local government
3 agrees to reimburse the Service for the expenses
4 incurred by the Service in providing such health
5 services to such indigent individual.

6 “(4) REVOCATION OF CONSENT FOR SERV-
7 ICES.—

8 “(A) SINGLE TRIBE SERVICE AREA.—In
9 the case of a Service Area which serves only 1
10 Indian Tribe, the authority of the Secretary to
11 provide health services under paragraph (1)
12 shall terminate at the end of the fiscal year suc-
13 ceeding the fiscal year in which the governing
14 body of the Indian Tribe revokes its concur-
15 rence to the provision of such health services.

16 “(B) MULTITRIBAL SERVICE AREA.—In
17 the case of a multitribal Service Area, the au-
18 thority of the Secretary to provide health serv-
19 ices under paragraph (1) shall terminate at the
20 end of the fiscal year succeeding the fiscal year
21 in which at least 51 percent of the number of
22 Indian Tribes in the Service Area revoke their
23 concurrence to the provisions of such health
24 services.

1 “(d) OTHER SERVICES.—The Service may provide
2 health services under this subsection to individuals who
3 are not eligible for health services provided by the Service
4 under any other provision of law in order to—

5 “(1) achieve stability in a medical emergency;

6 “(2) prevent the spread of a communicable dis-
7 ease or otherwise deal with a public health hazard;

8 “(3) provide care to non-Indian women preg-
9 nant with an eligible Indian’s child for the duration
10 of the pregnancy through postpartum; or

11 “(4) provide care to immediate family members
12 of an eligible individual if such care is directly re-
13 lated to the treatment of the eligible individual.

14 “(e) HOSPITAL PRIVILEGES FOR PRACTITIONERS.—
15 Hospital privileges in health facilities operated and main-
16 tained by the Service or operated under a Funding Agree-
17 ment may be extended to non-Service health care practi-
18 tioners who provide services to individuals described in
19 subsection (a), (b), (c), or (d). Such non-Service health
20 care practitioners may, as part of the privileging process,
21 be designated as employees of the Federal Government for
22 purposes of section 1346(b) and chapter 171 of title 28,
23 United States Code (relating to Federal tort claims) only
24 with respect to acts or omissions which occur in the course
25 of providing services to eligible individuals as a part of

1 the conditions under which such hospital privileges are ex-
2 tended.

3 “(f) ELIGIBLE INDIAN.—For purposes of this sec-
4 tion, the term ‘eligible Indian’ means any Indian who is
5 eligible for health services provided by the Service without
6 regard to the provisions of this section.

7 **“SEC. 808. REALLOCATION OF BASE RESOURCES.**

8 “(a) REPORT REQUIRED.—Notwithstanding any
9 other provision of law, any allocation of Service funds for
10 a fiscal year that reduces by 5 percent or more from the
11 previous fiscal year the funding for any recurring pro-
12 gram, project, or activity of a Service Unit may be imple-
13 mented only after the Secretary has submitted to the
14 President, for inclusion in the report required to be trans-
15 mitted to Congress under section 801, a report on the pro-
16 posed change in allocation of funding, including the rea-
17 sons for the change and its likely effects.

18 “(b) EXCEPTION.—Subsection (a) shall not apply if
19 the total amount appropriated to the Service for a fiscal
20 year is at least 5 percent less than the amount appro-
21 priated to the Service for the previous fiscal year.

22 **“SEC. 809. RESULTS OF DEMONSTRATION PROJECTS.**

23 “The Secretary shall provide for the dissemination to
24 Indian Tribes, Tribal Organizations, and Urban Indian

1 Organizations of the findings and results of demonstration
2 projects conducted under this Act.

3 **“SEC. 810. PROVISION OF SERVICES IN MONTANA.**

4 “(a) CONSISTENT WITH COURT DECISION.—The
5 Secretary, acting through the Service, shall provide serv-
6 ices and benefits for Indians in Montana in a manner con-
7 sistent with the decision of the United States Court of Ap-
8 peals for the Ninth Circuit in McNabb for McNabb v.
9 Bowen, 829 F.2d 787 (9th Cir. 1987).

10 “(b) CLARIFICATION.—The provisions of subsection
11 (a) shall not be construed to be an expression of the sense
12 of Congress on the application of the decision described
13 in subsection (a) with respect to the provision of services
14 or benefits for Indians living in any State other than Mon-
15 tana.

16 **“SEC. 811. MORATORIUM.**

17 “During the period of the moratorium imposed on
18 implementation of the final rule published in the Federal
19 Register on September 16, 1987, by the Health Resources
20 and Services Administration of the Public Health Service,
21 relating to eligibility for the health care services of the
22 Indian Health Service, the Indian Health Service shall
23 provide services pursuant to the criteria for eligibility for
24 such services that were in effect on September 15, 1987,
25 subject to the provisions of sections 806 and 807 until

1 such time as new criteria governing eligibility for services
2 are developed in accordance with section 802.

3 **“SEC. 812. TRIBAL EMPLOYMENT.**

4 “For purposes of section 2(2) of the Act of July 5,
5 1935 (49 Stat. 450, chapter 372), an Indian Tribe or
6 Tribal Organization carrying out a Funding Agreement
7 shall not be considered an ‘employer’.

8 **“SEC. 813. PRIME VENDOR.**

9 “(a) EXECUTIVE AGENCY STATUS.—For purposes of
10 section 201(a) of the Federal Property and Administrative
11 Services Act (40 U.S.C. 481(a)) (relating to Federal
12 sources of supply, including lodging providers, airlines,
13 and other transportation providers), a Tribal Health Pro-
14 gram shall be deemed an executive agency when carrying
15 out a contract, grant, cooperative agreement, or Funding
16 Agreement with the Service and shall have access to the
17 Federal Supply Schedule and any other Federal source of
18 supply to which executive agencies have access.

19 “(b) IHS STATUS.—For purposes of section 4 of
20 Public Law 102–585 (38 U.S.C. 8126), a Tribal Health
21 Program shall have the status of the Indian Health Serv-
22 ice and shall have direct access to the Veterans Adminis-
23 tration prime vendor provided for in section 4 of Public
24 Law 102–585.

1 “(c) EMPLOYEE STATUS.—The employees of such
2 Tribal Health Programs may order supplies under such
3 respective programs on the same basis as employees of the
4 Service.

5 **“SEC. 814. SEVERABILITY PROVISIONS.**

6 “If any provision of this Act, any amendment made
7 by the Act, or the application of such provision or amend-
8 ment to any person or circumstances is held to be invalid,
9 the remainder of this Act, the remaining amendments
10 made by this Act, and the application of such provisions
11 to persons or circumstances other than those to which it
12 is held invalid, shall not be affected thereby.

13 **“SEC. 815. ESTABLISHMENT OF NATIONAL BIPARTISAN**
14 **COMMISSION ON INDIAN HEALTH CARE ENTI-**
15 **TLEMENT.**

16 “(a) ESTABLISHMENT.—There is hereby established
17 the National Bipartisan Indian Health Care Entitlement
18 Commission (the ‘Commission’).

19 “(b) DUTIES OF COMMISSION.—The duties of the
20 Commission are the following:

21 “(1) To establish a study committee composed
22 of those members of the Commission appointed by
23 the Director and at least 4 members of Congress
24 from among the members of the Commission, the
25 duties of which shall be the following:

1 “(A) To the extent necessary to carry out
2 its duties, collect and compile data necessary to
3 understand the extent of Indian needs with re-
4 gard to the provision of health services, regard-
5 less of the location of Indians, including holding
6 hearings and soliciting the views of Indians, In-
7 dian Tribes, Tribal Organizations, and Urban
8 Indian Organizations, which may include au-
9 thorizing and making funds available for feasi-
10 bility studies of various models for providing
11 and funding health services for all Indian bene-
12 ficiaries, including those who live outside of a
13 reservation, temporarily or permanently.

14 “(B) To make recommendations to the
15 Commission for legislation that will provide for
16 the delivery of health services for Indians as an
17 entitlement, which will address, among other
18 things, issues of eligibility, benefits to be pro-
19 vided, including recommendations regarding
20 from whom such health services are to be pro-
21 vided and the cost, including mechanisms for
22 making funds available for the health services
23 to be provided.

24 “(C) To determine the effect of the enact-
25 ment of such recommendations on (i) the exist-

1 ing system of delivery of health services for In-
2 dians, and (ii) the sovereign status of Indian
3 Tribes.

4 “(D) Not later than 12 months after the
5 appointment of all members of the Commission,
6 to submit a written report of its findings and
7 recommendations to the full Commission. The
8 report shall include a statement of the minority
9 and majority position of the Committee and
10 shall be disseminated, at a minimum, to every
11 Indian Tribe, Tribal Organization, and Urban
12 Indian Organization for comment to the Com-
13 mission.

14 “(E) To report regularly to the full Com-
15 mission regarding the findings and rec-
16 ommendations developed by the study com-
17 mittee in the course of carrying out its duties
18 under this section.

19 “(2) To review and analyze the recommenda-
20 tions of the report of the study committee.

21 “(3) To make recommendations to Congress for
22 providing health services for Indians as an entitle-
23 ment, giving due regard to the effects of such a pro-
24 gram on existing health care delivery systems for In-

1 dians and the effect of such a program on the sov-
2 ereign status of Indian Tribes.

3 “(4) Not later than 18 months following the
4 date of appointment of all members of the Commis-
5 sion, submit a written report to Congress containing
6 a recommendation of policies and legislation to im-
7 plement a policy that would establish a health care
8 system for Indians based on delivery of health serv-
9 ices as an entitlement, together with a determination
10 of the implications of such an entitlement system on
11 existing health care delivery systems for Indians and
12 on the sovereign status of Indian Tribes.

13 “(c) MEMBERS.—

14 “(1) APPOINTMENT.—The Commission shall be
15 composed of 25 members, appointed as follows:

16 “(A) Ten members of Congress, including
17 3 from the House of Representatives and 2
18 from the Senate, appointed by their respective
19 majority leaders, and 3 from the House of Rep-
20 resentatives and 2 from the Senate, appointed
21 by their respective minority leaders, and who
22 shall be members of the standing committees of
23 Congress that consider legislation affecting
24 health care to Indians.

1 “(B) Twelve persons chosen by the con-
2 gressional members of the Commission, 1 from
3 each Service Area as currently designated by
4 the Director to be chosen from among 3 nomi-
5 nees from each Service Area put forward by the
6 Indian Tribes within the area, with due regard
7 being given to the experience and expertise of
8 the nominees in the provision of health care to
9 Indians and to a reasonable representation on
10 the commission of members who are familiar
11 with various health care delivery modes and
12 who represent Indian Tribes of various size
13 populations.

14 “(C) Three persons appointed by the Di-
15 rector who are knowledgeable about the provi-
16 sion of health care to Indians, at least 1 of
17 whom shall be appointed from among 3 nomi-
18 nees put forward by those programs whose
19 funds are provided in whole or in part by the
20 Service primarily or exclusively for the benefit
21 of Urban Indians.

22 “(D) All those persons chosen by the con-
23 gressional members of the Commission and by
24 the Director shall be members of federally rec-
25 ognized Indian Tribes.

1 “(2) CHAIR; VICE CHAIR.—The Chair and Vice
2 Chair of the Commission shall be selected by the
3 congressional members of the Commission.

4 “(3) TERMS.—The terms of members of the
5 Commission shall be for the life of the Commission.

6 “(4) DEADLINE FOR APPOINTMENTS.—Con-
7 gressional members of the Commission shall be ap-
8 pointed not later than 90 days after the date of the
9 enactment of the Indian Health Care Improvement
10 Act Amendments of 2004, and the remaining mem-
11 bers of the Commission shall be appointed not later
12 than 60 days following the appointment of the con-
13 gressional members.

14 “(5) VACANCY.—A vacancy in the Commission
15 shall be filled in the manner in which the original
16 appointment was made.

17 “(d) COMPENSATION.—

18 “(1) CONGRESSIONAL MEMBERS.—Each con-
19 gressional member of the Commission shall receive
20 no additional pay, allowances, or benefits by reason
21 of their service on the Commission and shall receive
22 travel expenses and per diem in lieu of subsistence
23 in accordance with sections 5702 and 5703 of title
24 5, United States Code.

1 “(2) OTHER MEMBERS.—Remaining members
2 of the Commission, while serving on the business of
3 the Commission (including travel time), shall be en-
4 titled to receive compensation at the per diem equiv-
5 alent of the rate provided for level IV of the Execu-
6 tive Schedule under section 5315 of title 5, United
7 States Code, and while so serving away from home
8 and the member’s regular place of business, a mem-
9 ber may be allowed travel expenses, as authorized by
10 the Chairman of the Commission. For purpose of
11 pay (other than pay of members of the Commission)
12 and employment benefits, rights, and privileges, all
13 personnel of the Commission shall be treated as if
14 they were employees of the United States Senate.

15 “(e) MEETINGS.—The Commission shall meet at the
16 call of the Chair.

17 “(f) QUORUM.—A quorum of the Commission shall
18 consist of not less than 15 members, provided that no less
19 than 6 of the members of Congress who are Commission
20 members are present and no less than 9 of the members
21 who are Indians are present.

22 “(g) EXECUTIVE DIRECTOR; STAFF; FACILITIES.—

23 “(1) APPOINTMENT; PAY.—The Commission
24 shall appoint an executive director of the Commis-

1 sion. The executive director shall be paid the rate of
2 basic pay for level V of the Executive Schedule.

3 “(2) STAFF APPOINTMENT.—With the approval
4 of the Commission, the executive director may ap-
5 point such personnel as the executive director deems
6 appropriate.

7 “(3) STAFF PAY.—The staff of the Commission
8 shall be appointed without regard to the provisions
9 of title 5, United States Code, governing appoint-
10 ments in the competitive service, and shall be paid
11 without regard to the provisions of chapter 51 and
12 subchapter III of chapter 53 of such title (relating
13 to classification and General Schedule pay rates).

14 “(4) TEMPORARY SERVICES.—With the ap-
15 proval of the Commission, the executive director may
16 procure temporary and intermittent services under
17 section 3109(b) of title 5, United States Code.

18 “(5) FACILITIES.—The Administrator of Gen-
19 eral Services shall locate suitable office space for the
20 operation of the Commission. The facilities shall
21 serve as the headquarters of the Commission and
22 shall include all necessary equipment and incidentals
23 required for the proper functioning of the Commis-
24 sion.

1 “(h) HEARINGS.—(1) For the purpose of carrying
2 out its duties, the Commission may hold such hearings
3 and undertake such other activities as the Commission de-
4 termines to be necessary to carry out its duties, provided
5 that at least 6 regional hearings are held in different areas
6 of the United States in which large numbers of Indians
7 are present. Such hearings are to be held to solicit the
8 views of Indians regarding the delivery of health care serv-
9 ices to them. To constitute a hearing under this sub-
10 section, at least 5 members of the Commission, including
11 at least 1 member of Congress, must be present. Hearings
12 held by the study committee established in this section
13 may count toward the number of regional hearings re-
14 quired by this subsection.

15 “(2) Upon request of the Commission, the Comp-
16 troller General shall conduct such studies or investigations
17 as the Commission determines to be necessary to carry
18 out its duties.

19 “(3)(A) The Director of the Congressional Budget
20 Office or the Chief Actuary of the Centers for Medicare
21 & Medicaid Services, or both, shall provide to the Commis-
22 sion, upon the request of the Commission, such cost esti-
23 mates as the Commission determines to be necessary to
24 carry out its duties.

1 “(B) The Commission shall reimburse the Director
2 of the Congressional Budget Office for expenses relating
3 to the employment in the office of the Director of such
4 additional staff as may be necessary for the Director to
5 comply with requests by the Commission under subpara-
6 graph (A).

7 “(4) Upon the request of the Commission, the head
8 of any Federal agency is authorized to detail, without re-
9 imbursement, any of the personnel of such agency to the
10 Commission to assist the Commission in carrying out its
11 duties. Any such detail shall not interrupt or otherwise
12 affect the civil service status or privileges of the Federal
13 employee.

14 “(5) Upon the request of the Commission, the head
15 of a Federal agency shall provide such technical assistance
16 to the Commission as the Commission determines to be
17 necessary to carry out its duties.

18 “(6) The Commission may use the United States
19 mails in the same manner and under the same conditions
20 as Federal agencies and shall, for purposes of the frank,
21 be considered a commission of Congress as described in
22 section 3215 of title 39, United States Code.

23 “(7) The Commission may secure directly from any
24 Federal agency information necessary to enable it to carry
25 out its duties, if the information may be disclosed under

1 section 552 of title 4, United States Code. Upon request
2 of the Chairman of the Commission, the head of such
3 agency shall furnish such information to the Commission.

4 “(8) Upon the request of the Commission, the Ad-
5 ministrator of General Services shall provide to the Com-
6 mission on a reimbursable basis such administrative sup-
7 port services as the Commission may request.

8 “(9) For purposes of costs relating to printing and
9 binding, including the cost of personnel detailed from the
10 Government Printing Office, the Commission shall be
11 deemed to be a committee of Congress.

12 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
13 authorized to be appropriated \$4,000,000 to carry out the
14 provisions of this section, which sum shall not be deducted
15 from or affect any other appropriation for health care for
16 Indian persons.

17 “(j) FACA.—The Federal Advisory Committee Act
18 (5 U.S.C. App.) shall not apply to the Commission.

19 **“SEC. 816. APPROPRIATIONS; AVAILABILITY.**

20 “Any new spending authority (described in subsection
21 (c)(2)(A) or (B) of section 401 of the Congressional Budg-
22 et Act of 1974) which is provided under this Act shall
23 be effective for any fiscal year only to such extent or in
24 such amounts as are provided in appropriation Acts.

1 **“SEC. 817. CONFIDENTIALITY OF MEDICAL QUALITY ASSUR-**
2 **ANCE RECORDS: QUALIFIED IMMUNITY FOR**
3 **PARTICIPANTS.**

4 “(a) CONFIDENTIALITY OF RECORDS.—Medical qual-
5 ity assurance records created by or for any Indian Health
6 Program or a health program of an Urban Indian Organi-
7 zation as part of a medical quality assurance program are
8 confidential and privileged. Such records may not be dis-
9 closed to any person or entity, except as provided in sub-
10 section (c).

11 “(b) PROHIBITION ON DISCLOSURE AND TESTI-
12 MONY.—

13 “(1) No part of any medical quality assurance
14 record described in subsection (a) may be subject to
15 discovery or admitted into evidence in any judicial or
16 administrative proceeding, except as provided in sub-
17 section (c).

18 “(2) A person who reviews or creates medical
19 quality assurance records for any Indian health pro-
20 gram or Urban Indian Organization who participates
21 in any proceeding that reviews or creates such
22 records may not be permitted or required to testify
23 in any judicial or administrative proceeding with re-
24 spect to such records or with respect to any finding,
25 recommendation, evaluation, opinion, or action taken

1 by such person or body in connection with such
2 records except as provided in this section.

3 “(c) AUTHORIZED DISCLOSURE AND TESTIMONY.—

4 “(1) Subject to paragraph (2), a medical qual-
5 ity assurance record described in subsection (a) may
6 be disclosed, and a person referred to in subsection
7 (b) may give testimony in connection with such a
8 record, only as follows:

9 “(A) To a Federal executive agency or pri-
10 vate organization, if such medical quality assur-
11 ance record or testimony is needed by such
12 agency or organization to perform licensing or
13 accreditation functions related to any Indian
14 Health Program or to a health program of an
15 Urban Indian Organization to perform moni-
16 toring, required by law, of such program or or-
17 ganization.

18 “(B) To an administrative or judicial pro-
19 ceeding commenced by a present or former In-
20 dian Health Program or Urban Indian Organi-
21 zation provider concerning the termination, sus-
22 pension, or limitation of clinical privileges of
23 such health care provider.

24 “(C) To a governmental board or agency
25 or to a professional health care society or orga-

1 nization, if such medical quality assurance
2 record or testimony is needed by such board,
3 agency, society, or organization to perform li-
4 censing, credentialing, or the monitoring of pro-
5 fessional standards with respect to any health
6 care provider who is or was an employee of any
7 Indian Health Program or Urban Indian Orga-
8 nization.

9 “(D) To a hospital, medical center, or
10 other institution that provides health care serv-
11 ices, if such medical quality assurance record or
12 testimony is needed by such institution to as-
13 sess the professional qualifications of any health
14 care provider who is or was an employee of any
15 Indian Health Program or Urban Indian Orga-
16 nization and who has applied for or been grant-
17 ed authority or employment to provide health
18 care services in or on behalf of such program or
19 organization.

20 “(E) To an officer, employee, or contractor
21 of the Indian Health Program or Urban Indian
22 Organization that created the records or for
23 which the records were created. If that officer,
24 employee, or contractor has a need for such
25 record or testimony to perform official duties.

1 “(F) To a criminal or civil law enforce-
2 ment agency or instrumentality charged under
3 applicable law with the protection of the public
4 health or safety, if a qualified representative of
5 such agency or instrumentality makes a written
6 request that such record or testimony be pro-
7 vided for a purpose authorized by law.

8 “(G) In an administrative or judicial pro-
9 ceeding commenced by a criminal or civil law
10 enforcement agency or instrumentality referred
11 to in subparagraph (F), but only with respect
12 to the subject of such proceeding.

13 “(2) With the exception of the subject of a
14 quality assurance action, the identity of any person
15 receiving health care services from any Indian
16 Health Program or Urban Indian Organization or
17 the identity of any other person associated with such
18 program or organization for purposes of a medical
19 quality assurance program that is disclosed in a
20 medical quality assurance record described in sub-
21 section (a) shall be deleted from that record or docu-
22 ment before any disclosure of such record is made
23 outside such program or organization. Such require-
24 ment does not apply to the release of information
25 pursuant to section 552a of title 5.

1 “(d) DISCLOSURE FOR CERTAIN PURPOSES.—

2 “(1) Nothing in this section shall be construed
3 as authorizing or requiring the withholding from any
4 person or entity aggregate statistical information re-
5 garding the results of any Indian Health Program or
6 Urban Indian Organizations’s medical quality assur-
7 ance programs.

8 “(2) Nothing in this section shall be construed
9 as authority to withhold any medical quality assur-
10 ance record from a committee of either House of
11 Congress, any joint committee of Congress, or the
12 Government Accountability Office if such record per-
13 tains to any matter within their respective jurisdic-
14 tions.

15 “(e) PROHIBITION ON DISCLOSURE OF RECORD OR
16 TESTIMONY.—A person or entity having possession of or
17 access to a record or testimony described by this section
18 may not disclose the contents of such record or testimony
19 in any manner or for any purpose except as provided in
20 this section.

21 “(f) EXEMPTION FROM FREEDOM OF INFORMATION
22 ACT.—Medical quality assurance records described in sub-
23 section (a) may not be made available to any person under
24 section 552 of title 5.

1 “(g) LIMITATION ON CIVIL LIABILITY.—A person
2 who participates in or provides information to a person
3 or body that reviews or creates medical quality assurance
4 records described in subsection (a) shall not be civilly lia-
5 ble for such participation or for providing such informa-
6 tion if the participation or provision of information was
7 in good faith based on prevailing professional standards
8 at the time the medical quality assurance program activity
9 took place.

10 “(h) APPLICATION TO INFORMATION IN CERTAIN
11 OTHER RECORDS.—Nothing in this section shall be con-
12 strued as limiting access to the information in a record
13 created and maintained outside a medical quality assur-
14 ance program, including a patient’s medical records, on
15 the grounds that the information was presented during
16 meetings of a review body that are part of a medical qual-
17 ity assurance program.

18 “(i) REGULATIONS.—The Secretary, acting through
19 the Service, shall promulgate regulations pursuant to sec-
20 tion 802 of this title.

21 “(j) DEFINITIONS.—In this section:

22 “(1) The term ‘medical quality assurance pro-
23 gram’ means any activity carried out before, on, or
24 after the date of enactment of this Act by or for any
25 Indian Health Program or Urban Indian Organiza-

1 tion to assess the quality of medical care, including
2 activities conducted by or on behalf of individuals,
3 Indian Health Program or Urban Indian Organiza-
4 tion medical or dental treatment review committees,
5 or other review bodies responsible for quality assur-
6 ance, credentials, infection control, patient care as-
7 sessment (including treatment procedures, blood,
8 drugs, and therapeutics), medical records, health re-
9 sources management review and identification and
10 prevention of medical or dental incidents and risks.

11 “(2) The term ‘medical quality assurance
12 record’ means the proceedings, records, minutes, and
13 reports that emanate from quality assurance pro-
14 gram activities described in paragraph (1) and are
15 produced or compiled by or for an Indian Health
16 Program or Urban Indian Organization as part of a
17 medical quality assurance program.

18 “(3) The term ‘health care provider’ means any
19 health care professional, including community health
20 aides and practitioners certified under section 121,
21 who are granted clinical practice privileges or em-
22 ployed to provide health care services in an Indian
23 Health Program or health program of an Urban In-
24 dian Organization, who is licensed or certified to
25 perform health care services by a governmental

1 board or agency or professional health care society
2 or organization.

3 **“SEC. 818. AUTHORIZATION OF APPROPRIATIONS.**

4 “(a) IN GENERAL.—There are authorized to be ap-
5 propriated such sums as may be necessary for each fiscal
6 year through fiscal year 2015 to carry out this title.”.

7 (b) RATE OF PAY.—

8 (1) POSITIONS AT LEVEL IV.—Section 5315 of
9 title 5, United States Code, is amended by striking
10 “Assistant Secretaries of Health and Human Serv-
11 ices (6).” and inserting “Assistant Secretaries of
12 Health and Human Services (7)”.

13 (2) POSITIONS AT LEVEL V.—Section 5316 of
14 title 5, United States Code, is amended by striking
15 “Director, Indian Health Service, Department of
16 Health and Human Services”.

17 (c) THREE AFFILIATED TRIBES HEALTH FACILITY
18 COMPENSATION.—

19 (1) FINDINGS.—Congress finds that—

20 (A) in 1949, the United States assumed
21 jurisdiction over more than 150,000 prime
22 acres on the Fort Berthold Indian Reservation,
23 North Dakota, for the construction of the Gar-
24 rison Dam and Reservoir;

1 (B) the reservoir flooded and destroyed
2 vital infrastructure on the reservation, including
3 a hospital of the Indian Health Service;

4 (C) the United States made a commitment
5 to the Three Affiliated Tribes of the Fort
6 Berthold Indian Reservation to replace the lost
7 infrastructure;

8 (D) on May 10, 1985, the Secretary of the
9 Interior established the Garrison Unit Joint
10 Tribal Advisory Committee to examine the ef-
11 fects of the Garrison Dam and Reservoir on the
12 Fort Berthold Indian Reservation;

13 (E) the final report of the Committee
14 issued on May 23, 1986, acknowledged the obli-
15 gation of the Federal Government to replace
16 the infrastructure destroyed by the Federal ac-
17 tion;

18 (F) the Committee on Indian Affairs of the
19 Senate—

20 (i) acknowledged the recommendations
21 of the final report of the Committee in
22 Senate Report No. 102–250; and

23 (ii) stated that every effort should be
24 made by the Administration and Congress

1 to provide additional Federal funding to
2 replace the lost infrastructure; and

3 (G) on August 30, 2001, the Chairman of
4 the Three Affiliated Tribes testified before the
5 Committee on Indian Affairs of the Senate that
6 the promise to replace the lost infrastructure,
7 particularly the hospital, still had not been
8 kept.

9 (2) RURAL HEALTH CARE FACILITY, FORT
10 BERTHOLD INDIAN RESERVATION, NORTH DA-
11 KOTA.—The Three Affiliated Tribes and Standing
12 Rock Sioux Tribe Equitable Compensation Act is
13 amended—

14 (A) in section 3504 (106 Stat. 4732), by
15 adding at the end the following:

16 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated such sums as are nec-
18 essary to carry out this section.”; and

19 (B) by striking section 3511 (106 Stat.
20 4739) and inserting the following:

21 **“SEC. 3511. RURAL HEALTH CARE FACILITY, FORT**
22 **BERTHOLD INDIAN RESERVATION, NORTH**
23 **DAKOTA.**

24 “There are authorized to be appropriated to the Sec-
25 retary of Health and Human Services \$20,000,000 for the

1 construction of, and such sums as are necessary for other
2 expenses relating to, a rural health care facility on the
3 Fort Berthold Indian Reservation of the Three Affiliated
4 Tribes, North Dakota.”.

5 (c) AMENDMENTS TO OTHER PROVISIONS OF LAW.—

6 (1) Section 3307(b)(1)(C) of the Children’s
7 Health Act of 2000 (25 U.S.C. 1671 note; Public
8 Law 106–310) is amended by striking “Director of
9 the Indian Health Service” and inserting “Assistant
10 Secretary for Indian Health”.

11 (2) The Indian Lands Open Dump Cleanup Act
12 of 1994 is amended—

13 (A) in section 3 (25 U.S.C. 3902)—

14 (i) by striking paragraph (2);

15 (ii) by redesignating paragraphs (1),
16 (3), (4), (5), and (6) as paragraphs (4),
17 (5), (2), (6), and (1), respectively, and
18 moving those paragraphs so as to appear
19 in numerical order; and

20 (iii) by inserting before paragraph (4)

21 (as redesignated by subclause (II)) the fol-
22 lowing:

23 “(3) ASSISTANT SECRETARY.—The term ‘As-
24 sistant Secretary’ means the Assistant Secretary for
25 Indian Health.”;

1 (B) in section 5 (25 U.S.C. 3904), by
2 striking the section heading and inserting the
3 following:

4 **“SEC. 5. AUTHORITY OF ASSISTANT SECRETARY FOR IN-**
5 **DIAN HEALTH.”;**

6 (C) in section 6(a) (25 U.S.C. 3905(a)), in
7 the subsection heading, by striking “DIREC-
8 TOR” and inserting “ASSISTANT SECRETARY”;

9 (D) in section 9(a) (25 U.S.C. 3908(a)), in
10 the subsection heading, by striking “DIREC-
11 TOR” and inserting “ASSISTANT SECRETARY”;
12 and

13 (E) by striking “Director” each place it
14 appears and inserting “Assistant Secretary”.

15 (3) Section 5504(d)(2) of the Augustus F.
16 Hawkins-Robert T. Stafford Elementary and Sec-
17 ondary School Improvement Amendments of 1988
18 (25 U.S.C. 2001 note; Public Law 100–297) is
19 amended by striking “Director of the Indian Health
20 Service” and inserting “Assistant Secretary for In-
21 dian Health”.

22 (4) Section 203(a)(1) of the Rehabilitation Act
23 of 1973 (29 U.S.C. 763(a)(1)) is amended by strik-
24 ing “Director of the Indian Health Service” and in-
25 serting “Assistant Secretary for Indian Health”.

1 (5) Subsections (b) and (e) of section 518 of
2 the Federal Water Pollution Control Act (33 U.S.C.
3 1377) are amended by striking “Director of the In-
4 dian Health Service” each place it appears and in-
5 serting “Assistant Secretary for Indian Health”.

6 (6) Section 317M(b) of the Public Health Serv-
7 ice Act (42 U.S.C. 247b–14(b)) is amended—

8 (A) by striking “Director of the Indian
9 Health Service” each place it appears and in-
10 serting “Assistant Secretary for Indian
11 Health”; and

12 (B) in paragraph (2)(A), by striking “the
13 Directors referred to in such paragraph” and
14 inserting “the Director of the Centers for Dis-
15 ease Control and Prevention and the Assistant
16 Secretary for Indian Health”.

17 (7) Section 417C(b) of the Public Health Serv-
18 ice Act (42 U.S.C. 285–9(b)) is amended by striking
19 “Director of the Indian Health Service” and insert-
20 ing “Assistant Secretary for Indian Health”.

21 (8) Section 1452(i) of the Safe Drinking Water
22 Act (42 U.S.C. 300j–12(i)) is amended by striking
23 “Director of the Indian Health Service” each place
24 it appears and inserting “Assistant Secretary for In-
25 dian Health”.

1 (9) Section 803B(d)(1) of the Native American
2 Programs Act of 1974 (42 U.S.C. 2991b–2(d)(1)) is
3 amended in the last sentence by striking “Director
4 of the Indian Health Service” and inserting “Assist-
5 ant Secretary for Indian Health”.

6 (10) Section 203(b) of the Michigan Indian
7 Land Claims Settlement Act (Public Law 105–143;
8 111 Stat. 2666) is amended by striking “Director of
9 the Indian Health Service” and inserting “Assistant
10 Secretary for Indian Health”.

11 **SEC. 3. SOBOBA SANITATION FACILITIES.**

12 The Act of December 17, 1970 (84 Stat. 1465), is
13 amended by adding at the end the following new section:

14 “SEC. 9. Nothing in this Act shall preclude the
15 Soboba Band of Mission Indians and the Soboba Indian
16 Reservation from being provided with sanitation facilities
17 and services under the authority of section 7 of the Act
18 of August 5, 1954 (68 Stat. 674), as amended by the Act
19 of July 31, 1959 (73 Stat. 267).”.

20 **SEC. 4. AMENDMENTS TO THE MEDICAID AND STATE CHIL-**
21 **DREN’S HEALTH INSURANCE PROGRAMS.**

22 (a) EXPANSION OF MEDICAID PAYMENT FOR ALL
23 COVERED SERVICES FURNISHED BY INDIAN HEALTH
24 PROGRAMS.—

1 (1) EXPANSION TO ALL COVERED SERVICES.—
2 Section 1911 of the Social Security Act (42 U.S.C.
3 1396j) is amended—

4 (A) by amending the heading to read as
5 follows:

6 “INDIAN HEALTH PROGRAMS”; and

7 (B) by amending subsection (a) to read as
8 follows:

9 “(a) ELIGIBILITY FOR REIMBURSEMENT FOR MED-
10 ICAL ASSISTANCE.—The Indian Health Service and an In-
11 dian Tribe, Tribal Organization, or an urban Indian Orga-
12 nization (as such terms are defined in section 4 of the
13 Indian Health Care Improvement Act) shall be eligible for
14 reimbursement for medical assistance provided under a
15 State plan or under waiver authority with respect to items
16 and services furnished by the Indian Health Service, In-
17 dian Tribe, Tribal Organization, or Urban Indian Organi-
18 zation if the furnishing of such services meets all the con-
19 ditions and requirements which are applicable generally to
20 the furnishing of items and services under this title and
21 under such plan or waiver authority.”.

22 (2) ELIMINATION OF TEMPORARY DEEMING
23 PROVISION.—Such section is amended by striking
24 subsection (b).

25 (3) REVISION OF AUTHORITY TO ENTER INTO
26 AGREEMENTS.—Subsection (c) of such section is re-

1 designated as subsection (b) and is amended to read
2 as follows:

3 “(b) AUTHORITY TO ENTER INTO AGREEMENTS.—
4 The Secretary may enter into an agreement with a State
5 for the purpose of reimbursing the State for medical as-
6 sistance provided by the Indian Health Service, an Indian
7 Tribe, Tribal Organizations, or an Urban Indian Organi-
8 zation (as so defined), directly, through referral, or under
9 contracts or other arrangements between the Indian
10 Health Service, an Indian Tribe, Tribal Organization, or
11 an Urban Indian Organization and another health care
12 provider to Indians who are eligible for medical assistance
13 under the State plan or under waiver authority.”.

14 (4) REFERENCE CORRECTION.—Subsection (d)
15 of such section is redesignated as subsection (c) and
16 is amended—

17 (A) by striking “For” and inserting “DI-
18 RECT BILLING.—For”; and

19 (B) by striking “section 405” and insert-
20 ing “section 401(d)”.

21 (b) SCHIP TREATMENT OF INDIAN TRIBES, TRIBAL
22 ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.—
23 Section 2105(c)(6)(B) of such Act (42 U.S.C.
24 1397ee(c)(6)(B)) is amended by striking “other than an
25 insurance program operated or financed by the Indian

1 Health Service,” and inserting “other than a health pro-
2 gram operated or financed by the Indian Health Service
3 or by an Indian Tribe, Tribal Organization, or Urban In-
4 dian Organization (as such terms are defined in section
5 4 of the Indian Health Care Improvement Act)”.